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TRANSACTIONS

OF THE

HOMŒOPATHIC MEDICAL SOCIETY

OF THE

STATE OF NEW YORK,

FOR THE YEAR 1882.

VOLUME XVII. (No. VII., N. S.)

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HOMŒOPATHIC MEDICAL SOCIETY

OF THE

STATE OF NEW YORK.

I.

Proceedings of the Thirtieth Semi-Annual Meeting, held at the Court House, in the Village of Watkins, N. Y., on the 6th and 7th of September, 1881.

The meeting was called to order by the President, Selden H. Talcott, M. D., of Middletown, N. Y., and was followed by remarks, scriptural reading and prayer by the Rev. Milton Waldo, D. D., of Watkins.

President: We will now take pleasure in listening to the address of welcome, by Dr. Grant, of Bath.

Dr. B. F. Grant: Mr. President, Ladies and Gentleman, of the State Homœopathic Medical Society of the great State of New York, we welcome you here at this time, not only as educators of the people in this community, and for the good that may grow out of this meeting, but for the fraternal feeling, and fraternal friendship, by which we shall have a good time before we leave this place.

There are many reasons why we should feel gratified in seeing so many present, and I notice a number of young men, and not only the Physician should feel gratified but every family that employs you. My old gray headed friend, Dr. Gulick, can go back to the past when he could count upon the fingers of one hand all the families in this locality who would employ a Homœopathic Physician, and I presume the doctor can call up many instances in his memory, that would be interesting if they were published for us to read. Time has done all that has been done for us, and time is still doing for us. I am sorry to say, the enemies of this method are as much engaged as they were thirty years ago. We find them in the allopathic and the eclectic schools, condemning us and calling us quacks, until we have got used to it, and those meeting you to-day will point their fingers at you and say "There goes a little-pill doctor." They say it to their children and to their neighbors. They say it for effect, they know we are beating them, they know to-day that homœopathy is marching onward with success. Our schools, and our hospitals and the records of our insane asylums are telling more in the State of New York against them than anything else, and they are in my opinion telling in the putting down of allopathy. Many men here can recollect the time when the State of New

York did not recognize us, and when the general government did not recognize us. Compare that time with the present. The good Governor of the State of New York is, I am glad to say, as good a homœopath as my friend Dr. Wright.

I believe, to-day, if our beloved President could have his choice as I am told, he is coming to be a homœopath, and if Mrs. Garfield could have had her choice, they would have had homœopathic surgeons, but they fell into other hands. But a week ago yesterday, the homœopathic physicians of the city of Cleveland asked Dr. Boynton of Washington to assist and advise in the President's case. This thirty years ago would have been hooted at. Whenever a bulletin is published through, the press and the physicians' names are arranged in a row under that of Dr. Bliss', the name of Dr. Boynton is left out. It is allopathic antagonism. They do not propose to recognize him, and if it was not for Mrs. Garfield and her influence in the White House, he would have to leave. I am sorry to speak of these things, but they exist in this country. Still their tactics are being changed each year. A few years ago they ridiculed you because you did not give any medicine; they said you could put in ten drops of medicine at this end of the lake and go to Geneva and take out some of the water. Now they go to a patient and say "Mrs. Jones, if you want homœopathic treatment for Johnny, I can give it," just take two tumblers and place them side by side with some water in them, and Mrs. Jones is fooled. As educators of the community in this part of the State, we welcome you to-day, in putting down this grand idea that little doses of medicine constitutes a homœopathic prescription, and I am glad to say that there is in the land such a grand law as *similia similibus curantur*. We welcome the man with his two-hundredth and the man with his prime tincture, the size of a dose is not to be dictated even by the President of this Society, and I venture the remark that no man who has tried, but what will form his own opinion of what he succeeds best with. If it is the high use the high, and if the low then use the low potency. So we go hand in hand, and so there will be no restriction other than to be governed by the law of *similia similibus curantur*. As I had the honor of making the committee of arrangement for the entertainment to-night, I am sorry that the committee made the awful blunder of putting me in to make a speech of welcome, still they made it and I was simple enough to accept it.

To-day we propose to show you four of the most magnanimous men you ever met, showing you the wonderful effects of hard study, and if we go down the lake and return to our banquet this evening and have fish for supper, you will see the wonderful powers developed by that diet, as this committee has had nothing but fish to eat for thirty days.

The committee of arrangements have issued tickets which will be distributed to all, and we ask you all and your friends and all who feel inclined, to go down and partake of our hospitalities, and I hope we may have other Semi-Annual meetings here.

Mr. President, I thank you for the meeting and I thank those of you who voted for the meeting here, and I hope it will prove a benefit to all. I bid you a hearty welcome.

The President, Dr. S. H. Talcott said: Returning thanks, in behalf of the State Society, to the Southern Tier and Schuyler County Societies for

their cordial and gracious welcome, so fittingly tendered by our eloquent friend, Dr. Grant—God bless the name and family—I can only say that we accept your hospitality with gratitude. And throughout the future we shall cherish, with unmingled joy, the rich memories which your kindness on this occasion has prompted in our hearts.

Now I do not wonder at the warmth of your welcome. The Swiss are brave because the dangers of their mountain passes inspire and breed courage. The men of Maine are stout of heart because of their associations with those emblems of strength, the mighty giants of the forests. And the disciples of Hahnemann who dwell here, or hereabouts, are great hearted and bubbling over with good feeling, because of this western Eden in which God has permitted them to luxuriate; and because of the delightful and soul-inspiring scenery by which they are constantly surrounded. What mightier stimuli could there be to generous and kindly impulses? Your greeting, therefore, is the result of the impreceptible and misterious operations of a natural law. Your interpretations of that law is both masterly and overwhelming. May your lines continue to fall in these pleasant places. We have found at last the right men in the right places; and we've came to visit you and enjoy with thankfulness your lavish bounties.

Members of the State Homœopathic Medical Society; Ladies and Gentlemen:

It is not expected, I believe, that your President shall weary you, at the semi-annual meeting, with a long and platitudinous address. That torture is reserved to both speaker and audience, for colder weather, and the less facinating clime of the State Capitol. Still there are a few matters to which I shall now very briefly invite your attention.

First—We note, with unreserved pleasure, the fact that the spirit of *harmony*, like a white dove, is beginning to hover over this Society; and with it prevails a determination that these harmonious conditions shall remain and become permanent. This is the expressed desire of every true member and friend of the organization. Liberty of opinion is a guaranteed right. License and anarchy are recognized as intolerable wrongs. The good sense of every right thinking man is opposed to the latter; hence the former, under the inspirations of such a man as Carroll Dunham, who though dead yet speaks to us, will surely come to universally prevail in this society.

Secondly—The *interest* manifested in our meeting is growing and enthusiastic. This is proven by a reference to the long list of papers which have been presented this year to the Society. The topics chosen are interesting, and of vital importance. The authors of these papers are, many of them, well known and highly distinguished for their ability and for the efficiency of their work. These articles will form a valuable volume, and I earnestly hope you will appreciate this fact and favor the Treasurer, Dr. Coburn, with your subscription to the Transactions.

Thirdly—We allude to the *young blood* which is being infused into the Society's veins. I notice before me many who have but recently buckled on the armor, who are still flushed with the vigor of youth, whose hair is as yet untinged by time, and whose faces, while bearing the impress of patient study and earnest thought, are still smooth, and fresh and unfurrowed by care.

This vigorous element, combining as it does energy, enthusiasm, faith, and the spirit of hopeful and progressive investigation must surely determine a bright and prosperous future, commensurate with the glory of the past. Those who began the work of developing homœopathy in this country half a century ago toiled against the almost insuperable obstacles of prejudice and bigotry. They had not only to *introduce* the new practice, but they must *create* public sentiment in its favor. Now the thoughtful masses have a peculiar regard for that system of medicine which has wrought such undisputed triumph in behalf of a long suffering and over dosed humanity. It remains for this young blood to keep alive and strengthen and develop that which their fathers so successfully established.

Fourthly—It has been claimed that the law of similars is not the only law in therapeutics. Admitting for the sake of argument that this is true: is there not still sufficient work, and sufficient possibilities for us all in the future development of that law? But some get tired of working constantly in one mine, even though that mine is a rich one. Judging from appearances we should say that scouts have been sent out in every direction to prospect and discover if possible some other law with which to supercede this one. The effort thus far has not been fraught with success. But attention to that which should be an all engrossing central truth has, we fear, been diverted, and thus valuable force has been wasted. The law of similars is immutable and immeasurable; the limit of its powers has not been and can not be discovered. As yet they are but half understood. The medical world fumbled about in the twilight of uncertainty for six thousand years before the doctrine, *similia similibus curantur* was promulgated by the illustrious Hahnemann. Its shadow only was seen as through a glass darkly by ancient Hippocrates. Since Hahnemann's time the morning stars of medicine (that is those who hold to the apostolic succession of antedeluvian bigotry) have tried to sing Hahnemann and his followers out of existence; but with no other deleterious result than a bad hoarseness on their part! The law remains, undisturbed and unshaken in its force, because it is a law of nature. Now what it needs is further development. To accomplish this, hard work is necessary. There is no more an easy road to an understanding and application of this law, than there is a royal road to learning. The difficulty which obtains to a proper understanding of this law, is I believe, the reason why so very many give up in despair, and seek some easier, even if less effective, method of curing the sick. We come together now to pursue our investigations and continue our studies; to exchange experiences, and gather inspiration for renewed work. We felicitate ourselves with the fact that a rich and profitable meeting is about to be inaugerated.

In conclusion we desire to refer to a *fear* that has been expressed that homœopathy may cease to be a distinctive feature in medicine because a rival school is attempting to gather sustaining nutriment from our grounds, without acknowledging the source of its spoils. That opposing schools do glean much that is valuable from us is true, as the recent works of such writers as Ringer, Farquarson, Bartholow, Piffard and others abundantly attest. That little credit is given to homœopathy by these writers is an undoubted fact. Yet we need not suffer useless alarm from this cause. I might liken homœopathy to a spring, a never failing foun-

tain, which produces a bright oasis in the dreary desert. Hahnemann discovered and utelized the virtues of its waters. His followers have planted gardens of surpassing beauty around it. All these gardens need, to make them flourish perennially, is careful irrigation with the crystal elements that wells up from the depths. The supply is ceaseless and unfailing. Some of the waters flow past the gardens and start the verdure upon the sandy plain. Can we blame the wandering tribes if they pasture their flocks upon the outskirts of this vegetation? They have long been hungry for they have fed upon the husks of speculation and the crusts of blind experiment. We are in possession of the spring and the gardens, and are duly fortified. We shall never be captured unless we sleep at our posts. The only real grounds for apprehension are: apathy for the cause, and dissensions in our ranks.

Dear Friends let us shake off the lethargy of indifference which prosperity sometimes induces; rise to the true dignity of our sacred profession; check all tendencies to undue and selfish greed; work together in harmony for the general good; stand fast by our colors (yet with the spirit of liberty and zeal for truth from every source) and then relying upon the wisdom of age, the strength of youth, and the integrity and glory of our cause we may go on, undismayed in the path of duty.

Dr. E. Hasbrouck and Dr. C. M. Conant were appointed a committee on credentials, and subsequently reported that the following physicians were present:

Drs. B. F. Williamson, T. L. Brown, T. S. Armstrong, A. J. Clark, N. R. Seeley, E. D. Leonard, J. D. Easton, L. D. Parkhurst, T. W. Read, A. P Throop, H. C. Frost, N. Osborne, D. B. Stumpf, A. R. Wright, W. B. Kenyon, E. Hasbrouck, Alice B. Campbell, H. K. Brasted, Edwin N. Coon, C. E. Walker, J. E. Seeley, Geo. W. Peer, H. C. Houghton, Amelia Barnett, Walter Y. Cowl, Geo. S. Norton, C. E. Blumenthal, G. E. Barker, F. E. Murphy, G. Z. Noble, N. B. Covert, A. J. Frantz, S. H. Talcott, C. M. Conant, C. Spencer Kinney, E. S. Coburn, J. B. Sargent, F. O. Purdy, Wm. Gulick, E. W. Rogers, A. P. Hollett, Geo. H. King, F. W. Adriance, G. A. Tracy, F. L. H. Willis, A. Horton, C. V. H. Morris, Miss. C. Mills, Wm. L. Miller, E. W. Bryan, B. F. Grant, W. S. Purdy, A. M. Gammon, Mrs. E. H. Benedict, E. J. Morgan, Jr., C. E. VanCleef, F. M. Bishop, E. C. Strader, J. C. McPherson.

Visitors: Drs. Peppino Melfi, Naples, Italy; J. M. Barden, Mansfield, Pa.; J. P. Morris, Mansfield, Pa.; H. K. Leonard, Plymouth, Pa.; Rev. C. W. Brooks, Watkins, N. Y.; A. G. Warner, Watkins, N. Y.; Mrs. E. S. Coburn, Troy, N. Y.; Mrs. E. Hasbrouck, Brooklyn, N. Y.; F. M. Bennitt, Big Flats, N. Y.; Mrs. C. E. Blumenthal, New York. Total sixty-nine.

Report of the Bureau of Materia Medica.

Dr. T. L. Brown: Mr. President, Ladies and Gentleman, in giving this report I wish to make one remark, it shows the relation of the members of the bureau to this society. Almost always, the papers at the semi-annual meeting are less than at the annual meeting. I have only two papers. The first I shall offer is one by O. P. Barden, M. D., of Tioga, Pa.; "Sliver symptons of Silicia and Hepar Sulphur," which was read.

Two months ago I had a case of a needle thrust into the knee of a little girl, I gave Silicia in that case and the child walks very well, and I am not going to cut for it. The Hepar Sulphur Dr. Barden mentions has this effect: There is a senstion like that of a fish bone or splinter in the throat. The next paper is short, "The Relative Therapeutics of the Same Remedy in High and Low Attenuations," [by Dr. Brown which he read,] I wish to state that when we are seeking a remedy if we find it for one symptom only, we are wrong and ought to take more. You cannot safely prescribe by one symptom, more than you can by other symptoms that are found caused by drugs. But as homœopathic physicians we ought to study and prescribe slowly and so get the symptoms and so get our remedy before we prescribe. Two-thirds of our cases do not require it, but when they do and we do not know what to give, we can give Placebo powders and wait. A Boston doctor had adopted what he calls seeding remedies. He suggests hygiene and so doctors his patients and he is now practicing the most exclusive homœopathy and he has been brought over entirely, and it brings the blood to his face when it is mentioned.

Now I think it is better for us if we know the relations of the remedies to the symptoms. I hope if you have any views upon the subject of curing disease by a single remedy, if you have any taste that way and can show that it can't be done; here is the place to discuss it; that will bring out the homœopathy of curing a burn with a burn. I think this, that the combinations of the elementary substances in a human body are different in different persons and require different remedies, that we are composed of fifteen elementary substances, and that they are not exactly the same in all persons. This is a theory and you can attack it if you please. I think that every remedy produces a change; for instance, Silicia produces that feeling of a sliver in the finger for it produces matter and breaks up the tissues and by the breaking up of the tissues the pressure would be less and the feeling would be less severe. Silicia produces that. How it does it I don't explain for it is a fact, so with Hepar Sulphur the feeling of a fish bone or foreign substance in the throat, of course when we find that in a case, we might prescribe at once. I would like to have a searching discussion. My reason for bringing up this subject is to find out whether I am falling away or loosing ground, so if I continue chairman of any bureau these men must expect me to study up.

Dr. Grant: My friend, Dr. Brown would be more p'eased if I kept my seat, but I must say a few words. This paper resolves itself into this question: "is the hair of the dog to cure the bite;" it remains to be seen. An Irish child in our village was bitten by a dog, and I was called in. I hurried to the house and after I had dressed the wound an old woman said "where is the dog?" and she just took on and acted up, until I decided that the hair of a dog must be got and put on the bite, and so they told her that we had got some of the hair of the dog and put on the bite, and the boy got well. If a little whiskey will cure a man of drinking, the world ought to know it. If a little of anything in a tincture form of any drug, will cure the poisonous effect of said drug, is homœopathy, my education has been all wrong. If that is original homœopathy, I have got to start in and harmonize the idea of curing the ill effects of poisons with the same thing. I have under treatment a man who has taken Mercury until

he is in a very bad condition, I am not giving him Mercury, I am giving him Stillingia, I do not consider Mercury a better remedy. I know I have set my friend Brown all wild now, and he will take me apart and put me together as he has done so many times.

Dr. Brown: This Irish boy that has been bitten by a dog is suffering from hydrophobia, and Hydrophobine would be the remedy. If he knows a remedy that would produce hydrophobia he should use it, as he expresses it "The hair of the dog would cure the bite." Perhaps he can tell which cures, the remedy or the hair. Hydrophobine would be the remedy if he wants to change what the scientists call the vital forces, whatever that may be, and restore the boy to health. If I should prescribe for that boy I should certainly test Hydrophobine. In his mercury case, he has no doubt never tested Mercury. I don't suppose there is any way of illustrating it, the only way is to try it. I would advise him to test and try Mercury and see if he cannot relieve the man of the Mercury in his system. That is not what I advocate in my argument, it is simply to get one remedy for a case. If he says he can do better with Stillingia we want to know about it so we can use it. It is fair that we should have it, and to know whether to give that or Hydrophobine to cure hydrophobia.

Dr. Grant: A man in active country practice where he is called here and there at a moment's warning cannot always run around town to see how many mad dogs there are. There was no mad dog in town that I knew, and I did not keep it in my case; and the boy recovered nicely. I dressed the wound, as I would a wound cut with a knife; it united, and there was no suppuration, and the boy got well nicely, and the old lady was not sent to Middletown.

Dr. H. C. Houghton: I suppose you will admit that in every community there are to be found pathological specimens in a state of life and having a degree of locomotion, suffering from the prolonged use of Alcohol, Opium and Tobacco. Now there is an application of homœopathy which will cure these cases. Possibly there may be another application that I could find. I should prefer the first. Now the deffinition that is given and drawn between the two is clear enough. A man prescribes pathologically when he prescribes a remedy of the same kind and same character, and a man prescribes homœopathically when he gives the same drug or toxical agent in potentized form. I presume that the weight of argument in any man's mind will raise in proportion to the credence that he gives to another man's testimony. You may take a case which is simple, like that cited by Dr. Grant, where one would give medicine internally and also apply locally and get excellent results. The question arises can a like result be obtained when the same remedy is used on different subjects. There are certainly cures reported of various forms of drugs which have been potentized which are pathologically used. Those made mention of are Alcohol, Opium, Tobacco and a number of others.

Last winter I had under my care a young man who graduated from the homœopathic school, who was an excessive slave to the use of Tobacco. Near the approaching graduation he was suffering from a train of symptoms—chest symptoms—to such a degree that he came to me for a remedy and without a thought my mind went to Tobacco and I looked it up, and the relief from it was not only permanent but perfect, and this young

man was a decided sceptic in regard to potentized remedies. I say permanent cure, because it was permanent for quite a length of time, for a period of a number of weeks, when he began the use of Tobacco again and it produced the same symptoms and the application was the same.

A number of years ago a case of poison by Rhus came under my attention. The case was relieved by some other remedy which was a contrast to it, and another case of Rhus poison was cured by the same in a potentized form. I do not propose to use anything which does not accord with my judgement and my theory.

Dr. C. M. Conant: Those that have heard my voice, know that I stand upon no uncertain platform in regard to potentization. I believe that as Christian gentlemen, we should not censure a man because he used the hundredth, third or thirtieth. My own practice I confess is from the tincture to the hundredth, and I have used higher but a majority of my prescriptions are below that. It seems to me there is one thing that has not been distinctly lined out. It seems to me that any one in practice cannot doubt but what there is a difference in action of the same remedy in different potencies. You take the thirtieth, and take the proving of the thirtieth, and you will get different symptoms from a proving of the third, than you do of the thirtieth. I speak of it because I made a test of the thirtieth and suffered from it. I know I did suffer, and I know there was a distinct difference. The point I placed on our potencies is for high give the thirtieth and if we get an aggravation, I invaribly give something higher. I not unfrequently over-rule my own prejudice in favor of the higher potencies, in clinical cases, and give the percentage to lower potencies and then if I don't get the right effect I can go up. The lower I give the better I like it. If I give higher then I cannot go down with some advantage.

The Rhus case reminded me of several cases I have had. A man who was a painter, was painting out in the country, and came to me with an eruption and said "what is this?" I said "poison ivy," it was a little red eruption, I gave that man Rhus and he came back in a day or so and said "I am worse than before" and so he was and I though for a few minutes and then gave him Rhus 10m. to take a powder every night and he did not come back. I saw him afterwards, and he was all right. I have had quite a number of cases of this kind, and each one was distinct from the rest. There was a case of a child that was covered with an eruption like scarlet fever, and I was a little stuck, I made up my mind it was poison, I gave that child Rhus 1m. and the next day the child was covered with eruptions. These eruptions developed and every little point was a point of matter and the third day it all disappeared.

Some years ago, I think it was the first year of my practice, I was called to see a boy who was poisoned in the woods and he developed what I called a Rhus case of typhoid fever. Now we gave that boy every remedy under the sun, and I went back to an old physician, I did not know at that time that he had been poisoned, and he told me "I don't think the boy has typhoid fever, I should think he was poisoned." I gave him the 30th of Rhus and the boy died.

One more thing, Mr. President, some three years ago I had several cases of hay fever to treat and I must say, they annoyed me almost to

death. I wrote to Dr. O. P. Baehr, who has made a special study of hay fever, to see what he used and he said Glanderine was his principal remedy. I must say I shrank from using it, but I sent and got it and it broke up two cases for me. I used the 30th, prepared by Bœrick & Tafel. About a week or ten days before I came here another man came to me and said his boy had hay fever, and I gave this little boy, (at least I gave his father) Glanderine 30th to give every three hours. A few days after I met the man and he said the child was about well. One little thing more I will say, and that is, that I have used Nux with apparent excellent effect for poisoning with Strychnine, I used the 30th. I gave first Camphor and then for secondary effects Nux Vomica.

Dr. Grant: Mr. President, I will promise not to take the floor again, but this subject of attenuation for poison by drugs, interests me very much. I wish to relate a case of poison ivy. Only last week a gentleman came from the country covered with an eruption. I said "that is easy to cure and I can cure you." I gave him a third dilution of Cantharides and he came back the next day and I filled his vial with the same and the next time I saw him he was well. I did not give him any Rhus.

Dr. Alice B. Campbell: I have tried to restore some patients without giving the same drug, and I had one case especially, that of a woman with an ulcerated leg. She got tired of the treatment with me, and she cured it with some sort of salve, and than it went to the other leg, and after studying up I gave her some Syphilinum. I gave it 40m. She sleeps now every night. That was one of the principal troubles, she could not get sleep. I wish to speak now of tobacco: There was an old gentleman who had used it all his life and he was convinced that he might better leave off the habit, but not until he had been knocked down by it, and made an appeal to a physician for the vertigo; he could not turn his head or use his muscles with any satisfaction. I gave him 200th of Tobacco and it was not three days before all the symptoms were gone and they have not returned since, and that was three years ago.

Dr. Houghton: In regard to remedies, I believe there is danger of going to extremes which are wrong as well as absurd. If we are homœopaths let us have a clear theory of the action of the drug we propose to use before we do use it; before we take any substance which may come to mind and use it as a medicinal agent, we should re-enforce our opinion of its value by proving it and its pathogenesis should be our guide. Now there are quite a number of remedies offered for our adoption and use for which we have no guide—absolutely no guide—except the statement of the individual as to the matter, which is simply his opinion, he has nothing to offer as a guide, except his ideas, or the notions of others, which he has accepted as his guide. I would not use such a remedy when we have a remedy which has been repeatedly confirmed, and its operations upon the various functions absolutely confirmed, then we are free to use that remedy, whether derived from homœopathic, isopathic or allopathic sources. Dr. Bell says that in the treatment of diarrhœa he does not care whether the remedy be derived from purest gold or purest filth. Dr. Dake will not give a remedy unless it accords with his notions of purity and propriety. Hence the aversion to some of the so called nosodes. A single word in regard to Psorinum. I suppose there are a few physi-

cians who would not use it in their practice. The opportunity that the surgeons of the New York Ophthalmic Hospital have of seeing the results of its action upon patients suffering with certain diseases, contracted as they know they are contracted, among the poor of New York City in their poverty and faulty sanitary surroundings is ample to confirm its action. They come to us with eyes and ears and skin a perfect picture of the proving, and we shall be glad to show you these cases under treatment, as well as cases cured in the past, by remedies which some would call isopathic. It seems to me that it is a homœopathic remedy. We are indebted to the lamented Dr. Hering for an exhaustive proving and this should be one guide.

Dr. Conant: What potency do you advise your patients to get?

Dr. Houghton: I always tell them to get the third.

Dr. H. K. Brasted: I shall be satified if my remarks only serve to unbias our minds and lead to future investigation of the subject of curing the effects of a drug with a "high attenuation" of the same drug. A subject interesting to me at present, for, within the past few months I have had some cases in which the effects of a drug seemed antidoted by the same (attenuated) drug and one case where the results were not satisfactory. A few months ago I had a patient who was extremely nervous. I thought it the effects of the abuse of drinking coffee. I gave Coffea 200th with prompt relief. There might have been a mistake in the diagnosis, the nervousness might not have been the result of coffee, but over study, as he was a hard student. Again, I had the ill effects of strong decoctions of Chamomile to contend with and found happy results in the use of Chamomilla 200th. There were present the fever, heat with tearing, drawing pains, abdominal cramps, extreme nervous excitability, irritability, &c. This did not seem to me to be the homœopathic action; but the suggestion for its use in such cases was from Prof. H. C. Allen, of Ann Arbor. Lastly, I had a case of poisoning from Cicuta Virosa, the patient breaking down the stalks with her hands which were sore. There was no mistake about the diagnosis. Symptoms—erysipelatous rash all over the body, dark red pimples, with intense burning itching, running into one another at last.

Headache, going off when sitting erect; burning, scalding from the throat to the stomach during every act of deglutition; burning and throbbing in the pit of the stomach. I thought then to test this matter, and gave Cicuta 30th with no results. Then gave Tobacco a drop at a dose of the tincture, and the symptoms disappeared in a few hours.

President: In reporting cases, it seems to me, the proper thing to do would be to give clearly the pathological conditions and the character of the symptoms which resulted from these pathological conditions, and then when we apply the remedy, any person familiar with the materia medica can ascertain whether the remedy is homœopathic to the symptoms in the disease. More than that, I don't think we gain as much from listening to the report of an isolated case where there is a recovery, as we would if a person would collect their cases and tabulate them, and say we have treated twenty cases with Tobacco, we have cured five cases with the 30th, we have cured ten cases with the 200th and we have failed in all potencies in five cases, if you can present some such result as that it will

necessaily prove valuable to the Society. Of course isolated cases are interesting, but they do not state sufficient.

Dr. Brown: Mr President, I am little satisfied with the turn this discussion has taken, first, I think those who have spoken have given their exact experience but the object in bringing up this discussion was to show the difference between isopathy and homœopathy. I claim that isopathy is using the same drug that produces the poison, and I am not introducing this because I would like to have isopathy gain, but to understand which would be best to take when we prescribe. Let us see whether we cannot make out isopathy and homœopathy the same thing. Take the case of Dr. Grant, and in the case of vegetable poisons, in the case of tobacco, you take Tobacco, the same that had poisoned the patient—the same plant, not similar tobacco—would be practicing isopathy. If you take tobacco raised in another soil, that would be homœopathy. You will find that remedies are similar in form before you dilute them. Then comes in the susceptibility of your patient. I was talking with a physician this morning, who is a surgeon, and in referring to surgical fever where a majority of the cases are robust men, he said he used the tincture of Aconite, and only repeats it when the fever comes up. There is no doubt, in the young man's case of poisoning by Stramonium that the same thing was a good antidote, and there homœopathy came in. That man might not have been very susceptible to Stramonium, then he could not have been relieved by it.

This subject is so extensive that it is important to us as homœopaths, when we have a case, to know what we should do. Whether homœopathy is better than isopathy.

And one word more, on Psorine, Syphiline, Alcohol, Tobacco, Coffee, Tea and Salt, to cure the effects of the same. The emaciation caused by salt, that particular symptom I have seen in a great many tobacco patients, who laying down to sleep would raise up at night as if some one had struck them a blow, and they frequently come to me and tell me that they cannot sleep, that they cannot get their breath. What do you suppose causes it? There is a journal published in Boston, I most always take that journal down and read it, and read the effects of these things, then I say "you are a user of tobacco, how long have you used it?" It may produce the same symptoms in a short time. It is that susceptibility that often makes us doubt the credibility of a man. Some men, like our President Garfield, bear more medicine than others, and I hope they will recede a little and give him a chance when they get him in the open air.

President: Dr. Dowling, special committee on Physical Diagnosis will not be present, therefore the next thing in order is the report of the work of the State Board of Health, and the duty of the profession with regard to aiding its work. This was to be represented by Dr. J. Savage Delavan, who is not present.

Dr. A. P. Hollett, Recording Secretary: Mr President, I would say that I have received a letter from Dr. Delavan, saying that he was very sorry that he could not be present, and that he had sent to me by express a package containing copies of the First Annual Report of the State Board of Health, to be distributed to the members of the society.

Report of the Bureau of Clinical Medicine.

Dr. Wright: Mr. President, Ladies and Gentlemen:—I did not expect to be called upon until this afternoon, but if we get started and get up much of a discussion, as Dr. Brown did, perhaps we may need all the time. I have endeavored to get an expression from the profession throughout the state as much as possible, and the result is we have twelve papers. We will not read them all. There is one on "Epidemic Jaundice," by Dr. A. V. Stobbs; "Clinical Medicine," by Dr. O. P. Barden; "My Favorite Attenuation," by Dr. H. M. Dayfoot; "Clinical Cases," by Dr. L. M. Kenyon; "A Clinical Case," by Dr. W. B. Kenyon; "Urethral Caruncle Complicated with Cystitis—a Case," by Dr. R. S. Bishop; "Clinical Cases," by Dr. B. F. Williamson; "Chronic Cystitis," by Dr. F. W. Adriance; "Chills and Fever," by Dr. C. M. Conant, and other papers. Notes of Clinical Cases by the Chairman of the Bureau.

Dr. Wright: If the Society would prefer to call for any particular papers, I will read them. If not I will read this one, "Urethral Caruncle Complicated with Cystitis," by Dr. R. S. Bishop.

Dr. Walter Y. Cowl: I have had several cases of urethral caruncle in which I traced the cause to very concentrated and irritant urine of a specific gravity of 1026 to 1030, resulting from not drinking enough water or other fluid, as tea or coffee, and had verified the cause by the relief they experienced after more liberal libations. I am also of the opinion that many, if not a majority of these caruncles were due to concentrated urine from insufficient ingestion of water.

Dr. Wright: The paper on "Chronic Cystitis" covers about the same ground as the one read, and we will read it by title unless it is called for. He then read a paper on "Epidemic Jaundice," by Dr. A. V. Stobbs.

Dr. W. B. Kenyon read his paper on "A Clinical Case."

Dr. Wright: "Clinical Medicine," by Dr. O. P. Barden of Tioga, Pa., as he is not present I will read by title with your permission. There are some other members present who have papers I believe, that have not come into my possession. I have a letter from Dr. P. P. Wells of Brooklyn, to whom I wrote for some clinical material, and with your permission, I will read one paragraph from it: "I am glad of your letter because it gives me an opertunity to say a few words on your expression 'Clinical Material.' If by this be ment report of cases, I say at once, as educators or practical helps to young practitioners, I think such reports of very little value. The young very much over estimate them. They are very apt to try to copy them in their practice, thus endeavoring to escape the severe labor of properly analyzing their cases and searching for the proper simillium they require, thus weakening their professional life by a proceeding, which if continued, ends inevitably in professional imbecility. This being my view I have reported very few cases.—Never any that I now remember, unless for the purpose of illustrating a principle. The great want of our young men is, or I am greatly mistaken, not a supply of clinical cases, but a more thorough understanding of the philosophy of homœopathy, and a more thorough incorporation of it into

their clinical duties. With this there need be no lack of confidence on their part, in the universality of its truth, nor if properly persevered in, will there be any want of confidence in their ability to cure, on the part of the public. The teachings in our schools are wofully deficient in this department of most necessary knowledge, or I am greatly mistaken. * * * * * * I hope you will have a pleasant and profitable meeting at the Glen and that much good may come from it.

Yours fraternally, P. P. WELLS."

These remarks are apropos. All this that the doctor wrote me is very valuable, and if we could sift out those cases, but of course it requires a great deal more work, and altogether a great deal more night work than some of us like to do, but those who have done it are convinced that it is the only sure way of getting the homœopathic remedy, and the way of improving.

Dr. Wright next read a paper on "Trillium in Menorrhagia and Metrorrhagia," by himself. I have been entirely satisfied with its effect. Dr. Phillips mentioned that he had used it mostly in metrorrhagia, but I had used it in menorrhagia. If any of you have had any experience with this remedy, I would like to hear it, as there is very little printed in regard to it. Some have given it, no doubt, and I would like to know with what result. Dr. Phillips said he was in the habit of giving Trillium one-tenth. I would say that when I prescribe it for a case of menorrhagia I feel more confidence than with any other remedy, that in from one to four months that prescription will cure, and if it does not cure I immediately search for some cause, for the failure is not in the remedy. I give from the first to the thirtieth, this aggravation of the first case was of the thirtieth, but a suspension of the remedy left the case in a normal condition.

Dr. Hasbrouck: Have you any distinguishing symptoms to guide you?

Dr. Wright: Usually where it is from hemorrhagic causes, and in other cases where there is depleted blood, I give Helonia during the first half of the month and Trillium during the last half of the month.

Dr. Conant read a paper on "Chills and Fever."

Dr. Hasbrouck: I would like to make a remark upon this subject of intermittent fever for the benefit of those who practice in malarial districts. The cases that are brought to me I treated with Arsenic, and I am in the habit of using very frequently, an article prepared by Dr. John VanZandt, of Springfield, which he sells under the name of Arsenic Eupatorium. It is good in drop doses and you can prescribe fifteen drops in water, and in ninety-nine cases out of a hundred, they will not have a second chill.

Dr. Brown: Do those cases you have in Brooklyn, generally have pain in the bones?

Dr. Hasbrouck: They do have severe pains. What has troubled me, was to make a compound of Arsenic and Eupatorium.

Adjourned to 2 P. M.

AFTERNOON SESSION.

The Society again resumed its session at 2:40 P. M.

Report of the Bureau of Surgery.

In the absence of the Chairman the Secretary presented the following papers, by title and synopsis:

"Difference, Diagnosis and Duration of Syphilis," by W. E. A. Gorton, M. D.

"Elastic Pressure for the Obliteration of Tumors of the Breast," by W. M. L. Fiske, M. D.

"The Relation Between Blood Poisoning and the Suppurative Process," by H. I. Ostrom, M. D.

Dr. H. C. Frost read a paper, by himself, on "Congenital Dislocation of the Head of the Femur."

Report of the Bureau of Pædology.

Dr. Conant read a paper entitled "Clinical Notes on the Use of Some of the New Remedies in the Stomach and Bowel Affections of Children," by E. M. Hale, M. D., of Chicago.

Dr. C. E. Blumenthal: Mr. President, I have had some expirence in the treatment of diseases of children and will therefore make a few remarks on the subject of which the paper treats. The paper certainly deserves commendation and the thanks of the Society, nevertheless, some of its contents, it would do well to consider more closely. The author tells us that the potencies are made from alkalies. Have the alkalies, as such been proved? I think not. It seems therefore a serious question whether it is right to use potencies made from substance not proven. An alkali, which we call the active principle of a drug is necessarily only a portion of the crude remedy, of a medicine proven in the crude form, we exclude therefore many ingredients which nature has placed in the drug. Are we then justified in expecting to cure by potencies, from alkalies, symptoms which were obtained while proving the crude drugs? Is this according to our theory, *similia similibus curantur?* I am supported in my objection to the alkalies, by the fact, that the Natural Mineral Waters, so successfully imitated, have medical virtues, which those imitations lack. Nature's laboratory is perfect, man's imperfect. Let us therefore dispense with the alkalies, when making potencies for homœopathic use, or else first have provings of alkalies.

Dr. Wright: I may have misunderstood the wording of the paper but as I understood it, the doctor considers all cholera infantum cases as being caused by cerebro-spinal meningitis. I have never been taught that, and in my observation I don't think I could confirm that opinion. It is true that many of them become so from irritation and I think it is from irritation that the bowels and stomach become diseased, that when the spine and brain are effected, those cases very generally proved fatal. I think when a little one is so far exhausted—so far irritated by the disease that cerebro-spinal disorders set in, they usually succumb, and if it have cerebro-spinal symptoms certainly we would discover it in the case that got well, that we cured. If the spine and brain are very much congested, or any congested, I think we should be able to detect the symptoms, and I never found any in a case that recovered. I consider it a very serious condition for cerebro-spinal symptoms to convene. I must take issue with him in that respect.

Dr. N. R. Seeley: I would like to say a word: I find, with other practitioners; particularly at this season of the year, that all of us are interested, more than at any other time, in this subject of cholera-infantum. It is a disease that is prevalent all over the land, I doubt not every practitioner can testify to that. Now if we are going to get any benefit from the able paper that has been read here, we should discuss it. I do not doubt that many did not get a proper understanding of the paper and I for one shall vote to have it read again. I am interested in the subject as I think everyone is. There are many points in it that are good. A great many children are passing away from us weekly, if not daily. I don't think there could be anything more important to consider than to find a remedy for this disease. I would like to have it read again if it is the pleasure of the Society, but if they have all understood it, I will be satisfied. I agree with Dr. Wright. I do not think that brain trouble is the beginning of cholera infantum. If we can control the disease before it reaches that point where the brain gives out, it may go on to an absolute comatose condition, still the case is a grave one, and it seems to me if we can get any light from this paper, I for one would be glad to hear it again. It is the secondary symptoms that arise from the disease that I want to know about.

Dr. Brown: I would second the suggestion made by Dr. Seeley.

Dr. Blumenthal: I would like to have it read a little louder and slower. I could not catch more than one-half the ideas. After the paper will have been re-read I will state to the Society my way of treating the disease.

President: If there are no objections on the part of the Society, I would ask Dr. Conant to give a brief synopsis of that paper and I hope you will keep still, as it is a valuable paper.

Dr. Conant: Read the paper the second time. I would say in this connection that there is in the *New York Medical Times* a long article upon this subject.

Dr. Blumenthal: Cholera infantum, its cause, prevention and treatment has for some years past been a special study with me. Last year I published, in the *American Homœopath*, a lecture on the subject, delivered before the students at the Hahnemann Hospital, in New York. It contained the result of my observations and experience in treating the disease. In the preliminary stage—the beginning of the disease, I always rely upon Baptisia, and find it invariably very effective, with an occasional temporary change of remedy when the symptoms call for it. When the disease seemed to approach a fatal termination, I considered Arsenic my sheet anchor, and it has rarely disappointed me. But I must not omit, here to say, that during the whole course of the disease I make constant use of the juice of the grape, given in small doses to infants. For adults, I have used the grape (except skin and seed) to cure chronic diarrhœa and it has never failed me. One of my cures was that of a Mr. Gonzoles, from Havana, Cuba. I gave him the ordinary remedies and ordered him to eat grapes, pulp and juice only. He was astonished at the prescription and inquired, timidly, what quantity he might eat. I replied from a quarter of a pound to three pounds daily. After treating him four months, he was discharged cured, and had increased fifty

pounds in weight. He then told me that when I ordered him to eat the grapes, he was so astonished that he came up close to me to ascertain, from my breath whether I had been drinking; but not discovering any traces of Alcohol, he was satisfied to follow the prescription. I also use the grape in all cases of dysentery, and with the best results. Now permit me to add a few words concerning the use of Jaborandi. I have found one of the peculiar and marked characteristics of the drug, in the provings and its clinical use, to be frequent, small and light colored stools, which it always cures. I have used it from the second decimal to the third and thirtieth centesimal potency, with equal success. When a remedy is well selected, it will cure in any rational potency

Dr. Conant: I simply wish to say that although I am Chairman of this Bureau, I do not endorse every paper. I somewhat lean to Prof. Hale's opinion, for very many reasons. I was brought up in the old way that an intestinal trouble was the first symptom. Prof. Hale states that the original trouble and cause of a diarrhœa comes from the cerebro-spinal centres, and he says we must have the proper remedy for that.

Dr. Brown: The most important question we all need to answer first, in discussing this subject, is to state what the cause of cholera infantum is, and not confound it with chronic diarrhœa. I think, from all the cases I ever saw, the cause of it could be traced to cow's milk drank by the child. The cows drink bad water in hot weather—in July and August—when we have a great deal of rain, and the cow pastures are full of pools of water, the cows drink it and we can have quantities of cholera infantum for a few days and it is very fatal. Will somebody tell us why we do not have it in winter? Over-quantities of meat will produce it. Even children are fed solid food, and that will produce cholera infantum. In one season—I do not exactly remember the date of it—we had eighteen fatal cases of it in one ward, and all of those cases used milk from one milkman. I throw this out as a suggestion. I simply mention this as something I have observed myself. As to the remedy for destroying the cause, of course every disease has its cause, and you have to trace it into its own locality. If it is grape juice that will cure diarrhœa, use it. I had a case, and no remedy seemed to effect it, and I finally said to the patient: "What do you want most?" and he said: "Sweet cider;" and I said: "That is my only remedy, drink all you want." And it cured him. I want to show the relations of grape juice and cider. Grape juice to cure gastritis of the stomach or disease of the brain. I agreed with my friend that the symptoms start there, and there must be some particular cause for it.

Dr. Seeley: First, I want to thank our friend, Dr. Conant, for his willingness in reading the paper the second time. I am gratfied in hearing it a second time, and next I want to say that while there is difference of opinion in regard to this paper, I think some have misunderstood it. It is a subject that seems to me of such importance that if any one of us can get any light upon this subject we should have it now, and I am so glad to get suggestions that I only want to express my gratitude. I am glad to come back to my friend, Dr. Brown, that he has opened his eyes and cured a patient with cider.

Dr. Brown: Sweet cider.

Dr. Seeley: That is all right. I believe that cider is a good thing for gastritis, it is a good thing after it has been purified and I will say I will add my testimony to his. But when you go to see a case that has gone three or four weeks, can you say, that involves the brain? The doctor says it comes from cow's milk, when it goes along seven or eight weeks without rain, of course every physician must speak of his own vicinity, in our vicinity there has not been any pools. Take a mother that is nursing her child and take all the precautions, and the child becomes sick, and perhaps she may call an allopath and then call in a homœopath. Now if this mother has taken all the precautions and her house is situated away from any miasmatic influence it is a matter for us to consider. Is it from this or from the extreme heat of the season? We have had no rain for a good many weeks and we have never had so much cholera infantum as this year, and the fatality has never been so great. When they are fed on Imperial Granium, or whatever the physician thinks best, what must we say? Is it the result of the vegetable decomposition?

Dr. Brown: Dr. Seeley and I are good friends and neighbors. I have only one word to say about cider. I once took dinner with Dr. Seeley and had some strong cider, and I declined drinking any of it, and he said it was not strong, and I tasted of it, and considered it quite strong, and that is as near as he gets to sweet cider. He may live where he does not get his milk from the country. By the way, mothers drink a great deal of milk and the same poison will continue in their bodies. As physicians let us settle that question. I don't care whether it comes from milk or from hot weather or medicines that have irritated the brain, let us settle it if we can.

Dr. H. M. Dayfoot: In regard to cholera infantum, in nine cases out of ten it has been caused by improper diet of the child. I don't think you can place your finger on any one thing that produces it. I have seen one of the worst cases from a cow eating pumpkins. Another case from pasture and corn. I never traced it to the pools, most invariably it has been some error of diet and when the diet has been corrected the child has recovered.

Dr. Seeley: I do not allow the mothers to eat pumpkins, or eat vegetables or drink water from pools.

Dr. Grant: For once I am glad to agree with my friend, if you do not cure the baby's diet, you may feed the baby medicine until doom's day, and the baby will die. Now what is the best thing to feed a baby that has the cholera infantum? There is a preparation of milk called Koumiss. It is sour, but offer it to a baby six months old and see if he don't drink it. If the baby don't take it feed him Arrow Root. I left a baby home very sick and I said "I wished there was not a cow in the corporation or a milk pedler, for I do not like to have babies nurse cow's milk. A baby's diet would be a pretty good thing to discuss.

Dr. N. Osborne: What does Dr. Brown consider best for children?

Dr. Dayfoot: I was mearly going to make a suggestion. I attended the Phrenological Society of New York, and in their discussion, pork was mentioned as a good remedy. I first heard of it in Cleveland and suggested it in this case of cholera infantum. The doctor who told of it there, would boil the pork until it was soft and then give it to the child. I

think there are several children living whose lives are indebted to that pork.

Dr. Brown: If I find a case that is overfed, I stop the article, that is I take something else of easier digestion. I have found Horlick's food and Mellin's food to begin with was the best thing. Add condensed milk instead of cow's milk, and have the condensed milk prepared and add it to the food in the same proportion that you take of cow's milk, and then be sure that the nurse or mother gives it as you prescribe it, and never prescribe it too often and then take your patient out doors and keep it in a carriage and you get plenty of oxygen and that brings back the appetite. Don't shut up the child or you will not have the necessary effect on the blood, for it don't take but little to over act that. You must commence with small quantities as the child is already overfed. The cure often, when you give a remedy, you attribute to the remedy, when it is the diet. You must remove the cause. When it runs into six or seven weeks, is it cholera infantum or a chronic diarrhœa? In hot weather when we have the least oxygen and we keep still more, and are more easily overheated and prostrated by disease, if we took a good walk of five or six miles we would be better. When we make a proper use of these hygienic rules, we are coming nearer to a cure than anything given by Dr. Hale or any one else. I would not disparage any man that comes here from comparing these notes and those.

Dr. Cowl: "The gentleman on my right (Dr. Dayfoot) in speaking upon this matter of etiology of cholera infantum has struck the key-note I think of the whole question in his belief that there is no one cause of cholera infantum but that it usually takes its origin in some error in diet. I feel sure that the various immediate causes of cholera infantum are to be found in the diet or its mode of administration while on the other hand I am as firmly convinced that its great original and predisposing cause is the heat of summer. Dr. Brown asks, why do we not have cholera infantum in winter? In answer to that question I would say that everyone recognizes the fact that heat is a great depressant of the nervous system both in adults and children; but that of the two the child is much the less capable of withstanding nervous depression; *e. g.* witness its sensitiveness to Opium. Now a reference to the immense distribution of nerves both sympathetic and cerebro-spinal throughout the abdomen coupled with the well-known fact that causes acting upon the contents of this cavity will produce far greater nervous depression than similar causes acting elsewhere; *e. g.* witness the shock or collapse so easily produced by even a moderate blow upon the abdomen as well as the profound depression produced by peritonitis compared with other imflammations, will almost demonstrate to us, knowing the functions of the bowel to be presided over and easily influenced by nervous causes, that heat will place the bowel of the infant in a condition, ripe for some small cause to incite a profuse discharge, which nature depressed has little power to stop. Moreover, we must remember that this same heat will if the food be artificial rapidly produce changes in it by the development of bacteria form organisms sufficient in themselves to set awry the delicate vital chemistery of the infantile bowel. Realizing the fearful importance of heat what effort should we make. Here as of other therapeutic re-

sources I could only speak from experience. The relief which many of us, who practice in the city, have obtained from sending our little patients, afflicted with diarrhœa or cholera infantum, after remedies had seemed to have exhausted their power, has been to us simply surprising, a sail upon the water or a trip to Coney Island or Rockaway of even six hours duration has often been simply wonderful, that day marking often the beginning of rapid and permanent improvement. I would simply answer Dr. Brown's question by saying that we do not have cholera infantum in winter because it is cold.

Dr. T. W. Read: Children do not have the diarrhœa in the winter. I think the disease seldom is the result of one cause. I think it is the result of one or perhaps two or three causes.

Dr. Brown: Did you ever know a child to have diarrhœa in winter when it is teething? I think I have.

Dr. H. C. Houghton: It seems to me that it is greatly interesting in our meetings, from time to time, to see how men spring from one thing to another. It seems that the truth lies between the two theories advanced. I suppose we should give children in that condition better food. The State should answer this question. Let us take the new Five Points House of Refuge for illustration. It was my experience to be placed there in my earlier practice, and it is interesting, as bearing upon this question, to see what children go through in that institution, in the summer time. That House has been under about the same regimen year after year, the diet about the same, the care of the children about the same; we notice that they will have the same food month after month. The children, without a sign of gastritis, when this heated term comes on, die by the dozens. Now raise the question, was there a gastritis? Certainly there was. What then is the cause back of it? Is it the food? No, for it has been the same all the while. I think that giving the same food under those conditions is the cause. How do you cure it by remedies? Take them off from that diet at once; take them out of doors and put them on the North River and carry them to West Point, and you would hardly know them as the same children. I am not in favor ordinarily of animal diet for children. I think a change from milk diet to animal diet, for the time being, has saved hundreds. Take equal quantities of veal, lean meat, pork, lean, and cook them together in a quantity of water so that it covers them all the time, not bring them to such a heat as to desicate by the fire, and strain it so that the child can take the jelley in the proportion of a tablespoonful to a pint of milk, and then come back to the milk diet, and the child's life is saved. Another thing that may be used is beef, chopped fine like hash, and given to the child in teaspoonful doses. I say "doses," for it is medicine. It is surprising how the child will devour that beef.

Dr. H. K. Brasted: We have a great deal of cholera infantum in our vicinity. I have one case on my hands now that a week ago I thought its recovery very doubtful; it started about four months ago. It has been brought up on cow's milk, and the same idea was suggested to me, with regard to cow's milk, that Dr. Brown has spoken of. The pastures were all dried up, and there was nothing but dry weeds for the cows to feed upon, and while we fed the child milk the remedies accomplished

nothing, and if anything the child was sinking every day. I said to the mother, "You are going to lose the child, but change the diet and see what that will do." I said, "Give it to-day some broth from lamb very weak, and to-morrow we will give it some chicken broth, and the next day some beef broth." And from the very moment the food was changed, or a few hours after, the child began to improve, the vomiting ceased and the bowels became more regular; and the child is taking more food, with every possibility of recovery. I believe it is so in New York city. All the milk you get is impure, and the child must be fed upon some different material than the milk they get there.

Dr. Brown: I suggest that Dr. Liebig's meat, prepared in that way, is a good thing; three-fourths of it is oxygen.

Dr. Wright: Dr. Cowl and Dr. Houghton have struck a very important point in this case, and that is in regard to the food. I think that a very important point. I don't care what the child has been fed on. I will change to something else until I get something that agrees with it. I had one case this summer that could not bear more than four drops of barley water. I have given up to three teaspoonfuls, and he retained it on his stomach. I have found, this summer, that barley boiled three or four hours, and strained, agreed with a greater percentage or children than any other one diet. I believe, as others have remarked here, that there is more cholera infantum in the summer time. There is more fermentation, and there is more fermentation of the food, which is sure to happen if you use milk that is likely to ferment. I believe that the child will be poisoned. It must have what will not ferment in the stomach, and that is one point that we have to watch with the greatest vigilence. I remember one morning I visited a child that was fatally sick, and I asked after the food and the mother got it down; in fact it was about the hour for feeding the child, and the mother gave me the bottle. I smelled of it, and it was sour. If I had not been there, the child would have taken the milk and it would have died. We all know that in the summer time many kinds of food ferment readily. I think barley prepared in this way is less liable than almost any other farinaceous waters. Dr. Brown has mentioned Horlick's food and Mellin's food as less liable to disagree with the stomach than some others. There is another point that I thought of while they were speaking; there is one kind of stool that I have never seen given in the books—not a green stool, nor a yellow stool, but what I would call a slate-color, between a green and a yellow. When I find it persistently remaining for two or three days at a time, I feel confident that if it is not changed, it will be fatal. I have never seen that colored stool discussed, or anything that produces it. I think it comes from a kind of acidity.

Dr. E. S. Coburn: In the discussion about milk, I think the gentlemen who have spoken have overlooked one thing—that is the fact of keeping milk in refrigerators. The most of mothers will get it of the milkman and prepare the food and set it in the refrigerator, where they keep cooked and raw vegetables and meat. It seems to me that the milk absorbs from all these things, and thus endangers the life of the child. For the last half year I have been very careful, in cases of cholera infantum, to tell them to keep the baby's food out of the refrigerator.

Dr. Brasted: During the month of January, last winter, there was exceedingly cold weather. I had at least half a dozen cases that I diagnosed to be cholera infantum, and the allopath doctors had some that they also called cholera infantum—of vomiting and purging, and a green stool and cold extremities, great weakness and prostration. It was cold weather, and this lasted for nearly two weeks. We called it cholera infantum. I noticed, too, that all those families where we had had these cases—it was a dry season—their wells were very low. I thought perhaps it was the water. Last week I had a case of cholera infantum, and I know for a fact that the child does not use milk, and the characteristics of the case are those of cholera infantum. So I conclude that while milk—especially under certain conditions like souring in bottles—may be the cause, still I think that the condition of the water might have been the cause last winter. I have derived great benefit from charging the mother not to prepare the milk in one bottle. I tell them to get two bottles, and to prepare the milk in a clean bottle when it is wanted. After that I notice a marked improvement. I think to cease to use the milk entirely, is just about as good a change as could be made.

Dr. Hasbrouck: It seems to me that we have talked the thing over in one name. I think there are very few cases of cholera infantum. I think the cases can be divided up into different heads. These heads may be: gastritis and colitis. I don't think we have fifty cases of true cholera infantum in any one season. And those cases that stand from one to two or three weeks I don't think are cholera infantum at all—unless it is a chronic cholera infantum, or a chronic gastritis.

Dr. Seeley: I want to ask Dr. Houghton a question: Whether he favors or uses Gordon & Company's preparations of beef, lamb and chicken. I have used them with good success.

Dr. Houghton: At the time I spoke of I had no experience with it; but since then I have had some experience, and I know it is in use in the hands of physicians in New York city. Some claim it has done what no other thing could do, in hemorrhage and in prostration. There was a case in which there was paralysis of the heart, where I think life was saved by it; and, I can say conjointly with it, teaspoonful doses of whiskey. The preparation of beef which I spoke of, and which was used, is really a jelly. Any person can prepare it and test it, not only in cases of children, but in critical cases where persons fail to assimilate food. Cook, strain, allow to cool, and the jelly portion can be taken in the proportion of a teaspoonful to a pint of milk.

Dr. Hasbrouck: I desire to say one word more for a gentleman who is the American agent for Neil's Food, which is considered, in Brooklyn, equal to Imperial Granium, and is of a similar character. Dr. Knockson is the agent, and I can testify to its excellence.

Dr. Seeley: I would say, in regard to Dr. Houghton's remarks, that Dr. Penn has spoken of this food. I know that Dr. Penn is very enthusiastic over it, and I will say that I am willing to add my name to the list of those who believe in it. I certainly have seen very excellent results from it within the last sixty days. I am glad to make that remark.

Dr. Conant: Mr. President, Ladies and Gentlemen:—I am deeply gratified that this discussion was called out, because I think it is very valua-

ble. It seems to me that the idea advanced by Dr. Cowl carries out the idea of Dr. Hale that the whole cause of cholera infantum comes from the cerebro-spinal centers; that the system being right, some other combination of causes start the thing in. A word about milk. I have been convinced for a long time that milk is not fit to be drank when it is put in a refrigerator or any other place left uncovered, because it is a great absorbent, and it will absorb from all other food, meat especially.

Dr. Conant read a paper, by himself, entitled "Our Pædological Clinics," and also a paper by Dr. T. C. Duncan, of Chicago, entitled "Attenuated Medicine in Hydrocephalus."

Dr. Wright: On the adjournment, this morning, the President announced that the discussions would then be closed on Dr. Conant's paper on intermittent fever, and said it would be brought up this afternoon. It is a subject upon which there is a difference of opinion. That is where the subject was left. Will Dr. Conant state the main points in his paper?

By a Member: Dr. Conant expected this discussion to follow immediately upon the reconvening of the Society, and has gone to his hotel.

Dr. Wright: I think we can not recollect the main points, and I will read it.

Dr. Wright: When they have the chills they don't limit themselves to any one time. We can hardly call it a chill belonging to any particular hour. I think the most of us have to resort to Quinine to cure them.

Dr. Hasbrouck: I have seen a number of cases, and it is not my experience that many cases occur at a stated hour; they are more wandering. I speak of Brooklyn.

Dr. Coburn: In regard to the time of the ague—I had my first experience in treating the ague in Northern Ohio. The frost usually kills it, but in that climate we never had any weather cold enough to kill it. The chills occurred every second day. There was no regular time; we had chills at six, and at night, but we must have doses of Quinine to give. The chills would come every second day, two hours earlier than the previous day. I have known cases where the chill came around, in return, so that it had gained twenty-four hours. I have had very little success in treating ague with homœopathic remedies alone, as Brother Conant says, with the 30th. Whether my patients were lengthy enough or not, that has been my experience, and my treatment of ague has been (perhaps I got it out there): five grains of Quinine will break up the worst case I ever saw, and, with the use of Arsenic, will hardly allow the chills to come back. I give my Quinine in small doses and get the system thoroughly under the influence of the homœopathic remedy, whether it is Arsenic or Gelseminum. I seldom ever have to resort a second time to Quinine after following that treatment.

Dr. Hasbrouck: I shall say something different from what I said this morning. When you strike a homœopathic remedy, you are proud. Dr. Coburn just now said his patients were not long enough. The remedy that requires long patients is not a homœopathic remedy.

Dr. A. J. Clark: I want to take some exceptions to the manner in which Dr. Hasbrouck puts the case. He says he did not treat this case homœopathically. It occurs to me that if he treats them at all, he treats

them homœopathically. A grain of Quinine is homœopathic when a 30th of China is not. I claim that when we cure this, as well as any other disease, we do it homœopathically. I repeat that one-grain or two-grain doses of Quinine, in certain cases, are homœopathic.

Dr. Hasbrouck: I admit all that, but I won't admit that one grain of Quinine is equal to the 30th of China. I admit also that the grain doses of Quinine may be considered homœopathic, and the case that will be cured cannot be cured by anything else.

Dr. Seeley: Isn't it a good thing to say what you think without throwing out suggestions. We want our friends to say what they think, if they have cured a case. I believe the grain dose of Quinine is a homœopathic remedy; if it cures the person, it is all right. I don't believe, if that follows, that the 30th of China will cure it. It is homœopathy, and that is all I want to know. I believe we can cure more diseases of common fever with Quinine than with the China.

Dr. Hasbrouck: In the remark which I made, I cannot see why Dr. Seeley cannot understand that I said that Quinine would cure fever, and Arsenic and Eupatorium would cure fever and ague in ninety-nine cases out of a hundred.

Dr. Wright: We have two more papers, one by Dr. Dayfoot, on "My Favorite Attenuation," and one "Cure of Goitre by Hepar Sulphur," by myself, which were read.

Dr. Gulick presented the statement of an interesting case, which had been privately examined by a number of the physicians present, and in which there was a diversity of opinion as to diagnosis. The principal feature of the case was an obstinate and persistant vomiting of even the smallest ingesta, and with it a constipation of the bowels, the patient going for weeks without a movement, and then passing only a few small hard fæces; some emaciation, and yet able to be around the house and visit the doctor at his office. She had not menstruated for over two years. The patient was a young, unmarried lady.

Dr. Wright: I would say, in regard to this vomiting of blood, that I never saw a case of vomiting in the morning unless they had organic difficulties. I should think there must be some organic obstruction. I don't believe that the remedies are going to do very much.

Dr. Gulick: There are some points here that appear to be of some consequence, in my view of the case, that have not been alluded to very prominently—that is, that there is nausea; she vomits many times a day, Food or drink is ejected almost immediately; it is not retained, with the exception that at times she can retain a teaspoonful, for instance, of sweet potato, also of apple; and she avoids eating because her experience teaches her that she cannot retain it. I would mention here, also, that there is one remedy that she insists upon having. She does not know what it is; it is Arsenicum. She complains of a burning sensation. She wants it, and has had it at my hands. I have tried to substitute Placebo for it, but it does not work.

Dr. ————: I have had some experience with cancer in the stomach. Where there was this vomiting, I have found great relief from Hyoscyamus. I had three different cases where clam broth could be retained.

Dr. Seeley: I want to say that I have had similar cases, and have tried Arsenic. I should think, instead of taking the soft part of the clam, take the clam in the shell and boil in a kettle, and I believe the patient will recieve a great deal of benefit from it.

President: It seems to me that we may look at this in two different lights—as septicæmia; and again another light, this patient is young. We can hardly expect an organic disease of the bowels at her age. In spite of the fact that she vomits up everything, she at the same time retains her strength. She may get nourishment in ways that the family do not know anything about. The case may be a case of pure hysteria. Some singular cases of hysteria have been described, and the fact that the patient keeps up her strength tends to show that it is hysteria; if she were suffering so much, she would hardly be able to go around town.

Dr. Gulick: In relation to circulation, it was down at one time to forty beats in a minute, and it has been below the normal pulse all the time.

Dr. ————: I have a case which is almost parallel to this case, in which there was vomiting and constipation and many of the other symptoms stated in this case. Upon examination, considerable time elapsing, after the beginning of the case, I found a case of anteversion, the cervix uteri pointing directly back; upon replacing that, these symptoms all disappeared. I replaced the uterus, and the patient would go on her feet and it would come back, and had to be replaced again. They gradually disappeared, so that I did not think it was necessary to use an instrument. She was nearly twenty years old. It was difficult to use an instrument, and those symptoms have all disappeared and the menstruation has come on regularly.

Dr. Wright: There is another point in the case; the suppression of the menses and the vomiting, whether it could not be vicarious. The vomiting of blood gets up the irritation.

Dr. Brown: I have been sitting here in the neighborhood of two learned men, and one of them suggests, in that case, marriage and pregnancy. We would like to hear Dr. Osborne talk about fruit.

Dr. Osborne: I have had a little personal experience in the use of it. It was my fortune during the year 1863 to be camped in the swamps of Louisiana, and there I contracted a diarrhœa, which became chronic and reduced me from 189 pounds to about 125, and so disabled me that I was obliged to be sent to the Marine Hospital at New Orleans, and was given up as a hopeless case. Remedies had no effect. At that time there was no fruit in the city, but the first boat that arrived after the surrender at Vicksburg brought some apples. I had been longing after apples for some time; and, contrary to the orders of the physicians who had me in charge, I sent my nurse down town and he brought me fifteen apples, and I secreted them in the bed. I ate them all in twenty-four hours, and from that time I began to get well. I believe that was the starting point of my getting well.

Adjourned until Wednesday, at 9 A. M.

The Excursion and Supper.

By invitation of the Southern-Tier and Schuyler County Homœopathic Medical Societies, the members with their friends, at 6 P. M., take the Steamer Onondaga, for an excursion on Seneca Lake, going as far as North Hector, where supper was served at the Grove Hotel. After the supper the President introduced Madame Gray of Syracuse, who entertained the guests with a poem in which she very forcibly and pleasantly delineated the personal peculiarities of individual members of the profession present. A moon-light stroll through the beautiful groves, along the shore of the majestic Seneca, was followed by a return to the steamer, and a ride on its placid surface, enlivened by music, song and story, returning to Watkins about midnight, with the general expression that the evening had been one of unalloyed pleasure.

WEDNESDAY, SEPT. 7TH, 1881.

The Society resumed its session again on Wednesday at 9 A. M.

The proceedings were opened with remarks and prayer by the Rev. Milton Waldo, D. D.

President: We will vary the proceedings a little, and take up the paper of Dr. Norton.

Report of the Bureau of Ophthalmology.

Dr. G. S. Norton: Mr. President and members of the Society, I believe I have only one paper on this subject to present, although not Chairman of the Bureau. The paper I have is very short indeed and recommends a treatment for granulated lids. I will give a synopsis, on the use of "Carbolic Acid in Trachoma."

Dr. Conant: I simply want to say that Carbolic Acid is a remedy that has been very much neglected by us heretofore, and I am glad it is coming into use. For the last few years I have used it a great deal for inflammation. I have used it in uterine troubles, and in fact am trying to acquaint myself with it. About this local application I want to ask the doctor if he has used fluid Cosmoline. Some of my patients say Glycerine smarts.

Dr. Norton: In answer, I would say, I have never used Cosmoline, and I would not advise the use of Glycerine except in Trachoma. In those old cases the smarting causes very little inconvenience. I should not advise it in a simple case, then perhaps Cosmoline would be better.

Dr. Cowl: Do you consider it homœopathic? I understood that you considered local applications for the eye to act homœopathically?

Dr. Norton: I think the remedies as a usual thing do act homœopathically but as for Carbolic Acid being homœopathic, I don't think it is by any means. I used it so as to cause a certain amount of irritation.

Dr. Conant: I am inclined to protest against that. I believe if the medicine cures, it is because it is homœopathic. This matter of using Carbolic Acid is new to me. I maintain, if it will cure granulated lids, it is homœopathic.

Report of the Department of Otology.

Dr. Houghton: Mr. President, Ladies and Gentlemen, this place by right belongs to Dr. F. Park Lewis, of Buffalo. I received a letter from him just after the meeting of the American Institute at Brighton, asking me to take charge of any papers that might be presented. Dr. N. B. Covert of Geneva has a paper on "Chronic Suppurative Otitis; Media-Caries; Suppuration of the Mastoid; Cerebral Abcess, and Death." Will Dr. Covert give a synopsis or read it if he pleases.

Dr. Covert: Mr. President, it probably will be rather tedious for me to read this paper because I gave it as it occurred from day to day and following it there would be a great deal of similarity. I will just give you a synopsis of the case and just a few points.

Dr. Norton: Mr. President, I would like to emphasize one thing, or to speak of it especially, that is, this syringing out the ear, that is general advice, that I believe is one of the worst things that can be done in a suppurative condition of the middle ear. Theoretically that is what ought to be done but it is very likely to do harm. Some of the water is liable to enter the middle ear and remain there. Yet the ear ought to be kept clean. That can be done by winding a little piece of cotton on a probe and that should be done by a physician, and used once a day. By this absorbent cotton they can keep the ear perfectly clean. I think it is very injurious to constantly syringe the ear.

Dr. Houghton: I have only a word to say in regard to this case, simply one comment and that is to enforce the doctor's remark with regard to operations. The simple fact is, that when these cases come into the hands of a practitioner and particularly when they come into the hands of the specialists they have reached a point ordinarily, where there is no salvation for the case. Where by suppuration the mastoid process has broken down, until the interior table of the bone is destroyed. If you will consider carefully, you will see that the cerebral symptoms present a picture of a disease from which there is, in all human probability, no recovery. The interior table is dissolved, there are adhesions from the anterior surfaces which will result in coma and death.

Dr. Covert: What is your experience in regard to the redness and swelling of the mastoid? Is it always present?

Dr. Houghton: No sir, it is not always present. I believe that the best practice now, as followed in this country or abroad, so far as I know, is an incision or perforation of the mastoid portion of the temporal bone whether the symptoms presented at the mastoid portion were very marked or otherwise. With such symptoms as presented in this case in the very early part of it, it would have been justifiable procedure to cut down and take out a button of the bone so as to leave a free outlet. I think the German aurists have been very successful by that method. They have gone in with a curette and removed all the debris that remained. There is a possibility that with a free outlet, that the cerebral membrane might be saved extensive inflammation.

Dr. Brown: I would like to inquire into the origin of the disease, the cause of it?

Dr. Houghton: Dr. Brown always gets away beyond us when he

asks a question. It goes back to the condition of the patient, and it is simply a matter of opinion. The outer table and the granulated tissues go, and it is a fortunate thing that it is cured by any of these things and you never know which cures. Out of a hundred cases you never know which is the fatal one. It is usually twenty-four hours to a week before the fatal result comes. I propose, sir, that you suggest the question as to the proper remedy in this case. If I were a general practitioner and could not reach a specialist in whom I had confidence I would not hesitate to resort to an operation. If an operation is made, it may be made in as rough or bungling a manner as possible. I knew of a case, where a man took a gimlet and went through the mastoid process and saved his patient. If I could not have the counsel of some one, who was experienced in the matter of these cases, as soon as there was the least mastoid tenderness I should remove it. It can be readily cut with a very strong scalpel the same as you would cut the sole of the shoe. Six months after the operation the bone comes in in its normal condition.

Dr. Brown: One more question. What diathesis do you find accompanying these cases.?

Dr. Houghton: What we find is scrofulous diathesis, I don't know why we cannot say, catarrhal diathesis. Will you explain to me why in two persons, one is subject to catarrhal conditions and another is not. I don't see any reason why we should not say catarrhal diathesis.

President: Some of us are in the habit of using, instead of cleaning the ear with cotton alone, cotton and Carbolic Acid, putting it in the ear and allowing it to remain, what do you think of that, Dr. Norton ?

Dr. Norton: That is a remedy that has been used considerably in suppurative cases. I have used it some but it is generally irritating to the suppurative surface and does not act as well. The application that I have used the most has been Boracic Acid in powder. I took a little piece of cotton and put it in Cosmoline and then put it in the powder and took up as much as possible, if there is much suppuration it will be necessary to change it the next day, but if the discharge is slight, it will not be necessary to change it in two or three days but you must be careful not to leave it too long. I found that Boracic Acid is not irritating.

Dr. Cowl: Suppose the cerebral symptoms are not marked but there was a daily hectic, would you trephine the mastoid ?

Dr. Houghton: The fact of a daily hectic is a very unfavorable symptom, I would simply say, without any egotism to ourselves, we can afford to let a case go to a degree that a man of the dominant school cannot. We have remedies that will control a case that they know nothing of and we are able with Belladonna, Silicia and Capsicum to hold the patient where, without those remedies I would not dare to hold them. To illustrate this, a man came to the Ophthalmic Hospital, who had been operated upon by an old school physician, and we preformed an operation and the man escaped by the operation without the least trephinement. I would watch these cases very carefully, where there was a daily hectic and would not use a trephine, but cut down and find the condition of the bone.

Dr. Brown: In consequence of my asking the two questions of Dr Houghton and not getting, just satisfactory answers, I wish to throw in a suggestion. One which I practice upon from the idea I have of the

case of catarrh and scrofula. If we have tissues of the body that are wasted and need repair, we usually do not have catarrh. If we have catarrh, that catarrhal condition must be made by the wastes of the body or excessive nutriment, and those classes of cases who have catarrh or scrofula are those that eat more food than they need, or take less exercise or live in bad air, or the articles eaten do not unite and form healthy blood. It is in those cases that you find catarrh. Certain remedies in the homœopathic school will change that in a shorter time than those of the old school; and I lay claim that the causes of physical disease are physical, and I don't know any other than physical disease. Before you get the results you get the symptoms of loosing the hearing, or where you have a hectic flush, so if these diseases are the result of catarrhal formation. I think the first thing that the physician should do would be to change the habits of his patients, lessening the quantity of food, increasing the exercise and being thus balanced it brings us health.

Dr. Houghton: I have a paper on the treatment of "Apparently Hopeless Disease of the Ear," which I will read. Dr. Norton has already called your attention to Carbolic Acid. I used Cosmoline in a fluid form, taking a little in an individual butter dish and placing in that Boracic Acid and rub in the Boracic Acid and then cleansing the surface and soften with Cosmoline until the whole surface is touched and then plug the ear with a little piece of cotton. I have given Boracic Acid internally at the same time.

Report of the Bureau of Mental and Nervous Diseases.

Dr. C. S. Kinney: Mr. President and members of the Society, I shall be able to make a brief synopsis of the two papers I have. The first is by Dr. W. M. Butler, as to "When to Send a Patient to an Insane Asylum." and the next is "How to Send a Patient to an Insane Asylum," by myself.

President: We will have the pleasure of listening to a paper by Dr. Brown of Binghamton.

Dr. Brown read his paper on the "Origin of Nervous Diseases," and then called upon Dr. Grant to make some remarks upon the subject.

President: Dr. Grant is called upon to make some remarks.

Dr. Grant: I would ask the doctor if there was not a hereditary taint which you cannot ward off, oxygen or no oxygen? and may this not apply to many females during their climacteric period, back of this that you cannot wipe out?

Dr. Brown: The subject of hereditary taint, like many other mysteries, may not be solved to-day. I have some ideas of heredity which I think we can trace back to disobedience by the parents. I think the children of these disobedient parents receive all the ingredients of physical life previous to the use of remedies. I believe the fault with homœopathic physicians may be found oftener when they give the remedies without giving the proper advice. Acute pain or consumption my friend Grant may not think hereditary. Here is a case where a man's family all died of consumption. The man went to sea, and he got well. Here is an exception. If the child follow the habits of the parents, he may have the same disease, but I think it is a myth if you change the habits of the parents.

We keep the same quality of blood, and if we are unfortunate in our patients, we can do better. As I stated before, the hereditary part of it is best in the shadow of a strict observation, as it might be changed perhaps by changing the habits of those who have received the hereditary disease. Dr. Grant has a good theory, if it is hereditary disease. I would say, try to change his habits so that he could live longer than he would if he did not make that change. If he did that, I think his question is answered, except in incurable cases.

There was no report of the Bureau of Obstetrics.

The Report of the Bureau of Gynæcology.

Dr. Alice B. Campbell: I come here with a bold front and empty hands. I expected a report from Dr. Brinkman, on "Prolapsus Uteri," but was cheated out of it.

Dr. A. P. Throop: I have made no promises whatever. I have had no communication with the Bureau, and yet I feel interested in the subject and should be very loth to have the day pass without something being presented on the subject. Since starting for this place I have thought of several cases which I have had during the past year; and without preparing anything, I at the same time wish to state that I had a case, within the past two or three months, that illustrates mistakes in disagnosis, and I will state briefly why these mistakes are made; and, with the indulgence of the Society, I will give some of the salient points of the case. The case which I want to call your attention to is one of a class that I think Dr. Emmet was the first to call attention to as being an important one for persons practicing, particularly in diseases of women, to be on the lookout for mistakes, and also as being an important one, because there is an obscurity in ascertaining the cause of the symptoms presented. In the case to which I wish to call your attention, I was called about three or four months ago by a gentleman whose wife had been under the care of two eminent surgeons in our place, one of whom was her own physician. She said that her difficulty was extreme nervousness, amounting at times to a sort of temporary insanity. Her husband desired me to go and see her. I found, upon calling on her, as is usual with that class of cases, that she wanted to talk about everything else but the very thing that causes her difficulty. I gave her the rein and let her run on for an hour and a half, hoping that, out of what she might say, I could glean some facts that would be of some use to me later, and she had not talked a great while before I arrived at the conclusion that some surgical disease peculiar to woman was the case with herself. I found that her illness dated from the birth of her last child, which was three years previous. She informed me, after saying a great many other things, that at that time she felt that it was necessary for her to get up much earlier than her physician thought safe. She had great ambition, and she did get up; and from that time up to the time at which I saw her, her health had been gradually failing. She was able at times to go out, and was told at different times, by her physician, to remain at home. She had had, I think, one or two examinations for diseases of the womb;—so she told me, although I learned that I could not place implicit confidence in her word—she would forget. She said her physicians found no great difficulty with

her womb, and her family physician attributed all her trouble to her nerves. I said to her husband that I thought I perceived the cause of this nervousness—that the nervousness was simply one of the symptoms. I could not make any examination of any kind on this first call. I had allowed her to tire herself out, hoping to get at something of value. She spoke of pains in the small of the back and pain in the eye, and some other symptoms like that, which induced me to give her, for that occasion, some of the remedies to quiet her nerves. I think in three or four days her nervousness was so much reduced that I made an examination. Here I want to say one word for that school which bases its prescriptions largely on the symptoms that are ascertained. I was enabled, by a prescription of Belladonna, to make an examination, which was a digital examination, and in this case it answered the purpose much better than a specular examination. Her physician made a specular examination, and there was comparatively little to be seen. I found that she complained of more pain on the right side than on the left. Upon introducing the index finger I found there was a deep depression in the left side of the os and down the neck of what I could feel of the womb. There was a laceration in the os; and about this laceration, I will explain now why the speculum did not disclose it. The womb had been somewhat relieved of blood, probably, and this great engorement made it impossible to see anything. The womb was relieved, to a certain extent, of the blood, just the same as when I raise my hand and work it in that way, (back and forth, perpendicular, upward). It becomes pale, the blood goes to the heart; whereas, if I hold it in that way, (down,) and allow it to hang, the veins become full. Now this relief of the weight which the womb in that position caused, and also its falling backwards, caused the two sides to fall together, but when the patient was allowed to stand, and the womb, with all its weight, allowed to press down, the lacerated sides of the womb would separate; and, putting the finger in, I could feel the satin, and you can understand why this difficulty was increased and made unbearable, because, as the parts split and separated, these two raw surfaces were constantly riding on the lower wall of the vagina; this was pressed down, and, as the woman walked, these raw surfaces were constantly rubbing over the walls, and this irritation and rawness continued until it drove the woman almost to distraction. This laceration was on the left side; you understand that the womb on the right side was intact. The tendency of the womb, or the top of it, was to fall over from the right to the left, and as the support on the left was withdrawn, the ligaments on the right would be constantly drawn. Now, then, having ascertained so much, I said to her that "I had found an ample cause for all this nervousness, and I would call the disease a severe laceration of the neck of the womb, on the left side." I explained the treatment to her, and the requisite condition of rest, the opposite of which were causes sufficient in any case of that kind to produce the most serious alarm. One more word in regard to the case. I stated to her at once: "No amount of medication, no administration of iron, and none of the remedies that I can give you will restore this womb to its proper condition; nothing but surgery will do it; the knife must be used, and then you will be well. It may take six or twelve months before you will be prepared for the operation."

With that understanding of the case, she said: "Doctor, you are the first man that has told me of the trouble;" and she said she was willing to wait two years, if a cure was possible. I began with her a course of treatment, and continued it for some time. In the first place, I found she had been in this condition so long that she had become terribly run down. Her skin itself was in such a condition as to make me think that she needed a most thorough renovation in that respect, and as soon as I got her in condition to do so—by the administration of Sepia, 30th, (Smith's Trituration,)—it acted like a charm. I think I used it for two weeks before she was prepared to take the next step of the treatment. She had so far recovered from the nervousness that she could go to New York City, where I advised her to go and take the Ballou Electric Baths, and also the use of Electricity, topically. One of the electrodes was put in a fountain syringe. The electrode was put in position, and a stream of electricity was carried through the water, which was slightly medicated with Arnica. She expressed herself as being greatly relieved after the first bath. This was continued for a month, and she was so far improved that she went home. Prominent among the remedies was Sepia. At periods she still had some nervousness, and there was sometimes a little pain, and Belladonna and some other remedies were used at the time. Now that was the treatment of her case much of the time previous to her going to the city, and while she was not able to go to the city. For these baths I afterwards substituted salt, locally and about the lumbar region generally, and these directions were carefully carried out, and the temperature and other respects made to conform. This lady has now so far recovered that I hope, in the course of two months more, to proceed to the operation. After about six weeks or two months she became so much better that I only saw her about once in a week or two weeks part of the time, and, when she has conformed to my rules in regard to sanitary matters, she has progressed well. I saw her on Tuesday. I think the womb is reduced two-thirds in size. It was nearly as large as your fist at the time I began. I ought to say that about four weeks ago I put her on Calcaria carb. Dr. Cate has recently called attention to this remedy for this condition; they are probably the two best remedies for most of the cases of this kind. For the last two weeks she has improved wonderfully. One thing I have to say in regard to this condition and of my experience in the "touch" in these cases: After they progress for a little time, there is a peculiar feeling under the finger very much like shot. This is caused by the engorgement of the mucous follicles, and if these are open they will discharge the fluid; and this condition, after it has gone for some time, will be much improved. I have seen a great many cases. You would be very likely to mistake it if the fluid was suppressed. These cases frequently lead to mistakes in this way when you have simply a case of lacerated os uteri, or laceration or abrasion of the wall of the uterus.

Dr. Coburn: I would like to ask Dr. Throop if he would not let us hear more of this case at our annual meeting?

President: I understand that we have a paper to be presented by Dr. B. F. Williamson. It comes under the head of clinical medicine, and if

there are no objections we will now listen to this paper by Dr. Williamson.

Dr. B. F. Williamson: Mr. President, Ladies and Gentlemen:—I am aware that the case about to be reported may be sharply criticised, and, whether it is accepted or not, I will not complain. I will subscribe my name to the truthfulness of the report. The case occurred in the practice of Dr. W. S. Todd, of Angelica, who kindly makes the report.

Dr. Throop: Has any gentleman here used a preparation manufactured by the London Meat Company, where there are dyspeptic symptoms, and where it is impossible to get any food down? I have observed some cases where this preparation was used, and it acts very nicely indeed. Dr. Hills, of New York, says he has used it. It comes in small bottles, and I think it well for our friends to know about it. I think it a very admirable preparation.

Dr. Grant: We have heard such elaborate papers, that it seems to me it would be desirable to change the programme. It is so seldom I get away from home that I have to get somebody to say something for me. I have a friend here who can tell how this man lived sixty days without food, and my friend Dr. Brown will tell you about it.

Dr. Brown: I am gratified with the opinion which Dr. Grant has of me. To tell the truth, I was asleep part of the time while that paper was being read, and the rest of the time I was thinking of what I wanted to present to you—that is, to go among the pines and spruce; or, what can be substituted, placing the trees in the room where the sun can shine upon them, and by this means you will find that the tree will take up all the organic matter and the carbonic acid gas, and we will get, in return, oxygen or what I think is ozone, and we get better than when the windows are open. The trees produce a change there, the same as we get out of doors. I have been trying it for two years, in two cases. I think they have been benefited by it without giving any remedy. I make this suggestion, so that when you fail in remedies, you can get a result. Test this remedy and find out what it will do in individual cases. I think that at our semi-annual meeting we can get in more of our ideas than at the annual meeting. I should recommend for this case, from what I have heard of it, although it is contrary to all manner of advice, that this man take strong beer; it would bring on quantities of gastric juice, for in every instance where he took beer he kept it down. I take it from the history of the case more than anything else. I want Dr. Grant to make a test of strong beer and report to the next meeting.

President; It seems to me appropriate that we should open, temporarily, for miscellaneous business. There is a little routine business to be disposed of before the members go away to the Glen.

A vote of thanks was moved and carried, on the part of the State Society, to the Southern Tier and the Schuyler County Societies for their very generous entertainment of this Society.

Dr. Conant: I only want to say that it seems to me that these Societies have entertained us in a very handsome manner. The excursion was a most delightful one. I suggest that as we go home, we describe this meeting to all our friends who did not come, in such glowing colors that they will wish they had come.

Dr. Houghton: I desire to present these resolutions:

Resolved, That we desire to express our participation in the present national solicitude regarding the condition of the beloved President of our common country, and our hope that a world-wide petition to Almighty God, for his recovery, may be speedily answered; and

Resolved, That any barrier raised to prevent professional conference between medical gentlemen of reputable position, who are graduates of legally authorized medical schools, is a reproach to a free and intelligent people.

I am proud to be a native of this, our beloved land, and particularly so in two instances. I think the sensation in my own soul was common with that of all our own countrymen, after the President was first stricken down, when his wife was carried rapidly from Atlantic City to Washington. I think that all joined in the expression of sympathy and affection which was shown all along the line by the impressed faces and the tear-filled eyes of men and women, as, uncovered, they stood while the train passed, and certainly this feeling was in my heart yesterday, when, with the very best possible arrangements, our national head was carried from Washington to Long Branch. I present these resolutions in the hope that they may be passed—the first one to show our feeling, and also the second, that the barriers may be broken down in regard to the opposition to our school.

Dr. Blumenthal moved that they be adopted as the sense of the Society, and put in the minutes.

Dr. Campbell: Not only that these resolution pass this Society, but that they be printed in the prominent papers of the country.

President: Would it not be better to put it in the Associated Press?

Dr. Blumenthal: I accept that, and put it in my motion. The motion was seconded, and, upon a vote, was carried.

Dr. Conant: I move that the thanks of the New York State Homœopathic Society be tendered to the Board of Supervisors of Schuyler County, for the use of their airy and commodious Court House.

The President put the motion, and it was carried.

Dr. Grant moved that a vote of thanks be tendered to the press, for the prompt and cheerful manner in which they have published reports and notices for us.

The President put the motion, and it was carried.

President: Is there any other miscellaneous business? If not, Dr. Cowl, of New York, is present and has a paper which should have been read yesterday. It is entitled: "A Positive Sign of Improvement in Chronic Illness."

Dr. Cowl: Mr. President, Ladies and Gentlemen:—My paper is short, and I trust it will not prolong this session a great while.

President: Are there any papers to be presented? If there are no remarks to be made upon that paper, I have a letter from Dr. Guernsey, in which there are a few hints in regard to the climate of Colorado, and if there are no objections I will take a minute or two and read it:

NEW YORK, Sept. 3, 1881.

DEAR DOCTOR:—Your circular letter reached me among the mountains of Colorado, where I was spending the first vacation from active

professional labor that I had enjoyed, of over a week's duration, for thirty years. I have only just returned, and all I can do in compliance with your request is to give you a little gossip, which may be of interest to you. Our old friend, Dr. Everrett, of Denver, kindly invited me to visit, with him, the Arapahoe County Hospital, which recently passed from the hands of the old school into his. This hospital contains one hundred beds, and is the hospital of the county in which the city of Denver is located. It passed from the hands of the old school into the new school with Dr. Everrett as physician-in-chief and Dr. Brett, a graduate of the St. Louis Medical College, house physician, April 1st, 1881. Dr. Everrett kindly furnished, at my request, a comparative statement of the death rate during the months of April, May, June and July, 1881, since the institution came under his care, and the corresponding months of the preceding year, when under the care of the old school. Death rate for 1880, old school, ten per cent.; death rate for 1881, new school, four and three-fourths per cent. The four months since the institution has been under the care of the new school shows such a very marked improvement over the corresponding four months of the preceding year that the change can only be attributed to the general change in treatment. The cost of medicines and surgical appliances is about in the same ratio. The principal diseases under treatment in the hospital are rheumatism, syphilis, phthisis and mountain or typhoid fever, and these are also the prevailing diseases in the city. Later, pneumonia and bronchitis tax the skill of the physician. A very excellent county society exists under the name of the Denver Academy of Medicine. The Colorado Homœopathic State Society is also in a flourishing condition. From a careful observation of the climate of Colorado, I am convinced that this is not the State to send persons to who are in an advanced stage of consumption. When there is marked signs of present tuberculosis, or the ulcerative process has commenced, the extremely rarified air of Colorado and the rapid changes of temperature (the days being sometimes extremely hot, and the nights very cool) renders this State about the worst possible for the consumptive. With persons where there is that nutrition such as is seen in cases of hereditary tendency to consumption, or in indications of scrofulous diseases and in exhausted nervous conditions, the result of excessive mental or physical labor, without lesions of nerve centers, the effect of the climate is marked and wonderful in its benificial action. The force of nutrition seems to be immensely increased and the reproductive forces of nature so stimulated into healthy activity, that children are born to parents who, in the east, had given up all hope of ever having offspring. Children throng all the mining towns, and the first building of a public character erected is the school house. Hoping you will have a pleasant and profitable meeting at Watkins, I am yours truly,

E. GUERNSEY.

Dr. Conant: I think that perhaps I can add a word to this climate business. I had a patient who had phthisis. She was determined to go, and went without my consent, but the girl thought it was her only chance to live. She had measles in January or February, and following the measles she went right into a condition of enæmia, and her menses stopped. She was about two months in Colorado and died. At the time

she went, she was carefully examined by a person far more competent than I consider myself, and the right lung had large cavities she had night sweats, and she was very weak and emaciated. She stood the journey well. Her bowels became regular, but there was an increased soreness about the lungs, and she had one peculiar condition of affairs which, for a time, raised her hopes, namely, a pressure about the genitals as if menses were about to come on. They all appear to go down hill if they have had hæmorrhages in the east; and that increases on going to Colorado.

Dr. Blumenthal: There are always two sides to a question. I can report another case which is a marked case, because the patient is the wife of a physician who lives now in Denver, and who had been under my care, although he was an allopathic physician. She was under my care in childhood, and continued so after her marriage. Phthisis was in the family; her father died of phthisis, another sister had died with it, and she was attacked by the disease. Living for some little time in the upper part of the State, she came back to New York and came under my care again. I examined her and found tubercles in the left lung, and forming in the right lung. Dr. Clark examined her, and in all things coincided with my diagnosis and advised a change of climate. It was very inconvenient for the doctor to break up his practice. He went to Philadelphia with his wife, and had her examined there by three of the professors of the University, and they all unanimously said that she must not stay where she was. Circumstances pointed to Denver. He moved to Denver, and has a very large practice there. His wife continued to improve, as he wrote me, from the second month there. They have been out there nearly two years and a half. I have frequent communications from him. About three months ago he wrote to me that his wife was coming to New York and was to be with her sister, and wanting me to take care of her. Before she left here she had two very serious hæmorrhages of the lungs. She arrived here in the early part of the summer. In accordance with his request I examined her, and, to my utter astonishment, all those tubercles had healed, and the left lung was perfectly sound. She was exposed, while here, to a great deal of change of climate, going to the sea shore and taking one or two colds, but there was no recurrence of phthisis. That is the other side of the question. I forgot to say that the doctor said he did not use any medicine at all in the case of his wife.

President: I have just one more matter to bring before the Society before the adjournment. Dr. Stone, of Rochester, N. Y., desires a few minutes in which to explain a comparatively new agent—and that is condensed air—which he is investigating in the city of Rochester.

Dr. Brown moved that he have an opportunity of speaking a few moments upon the subject of condensed air. Seconded and carried.

Dr. Stone then presented his views in regard to condensed air.

Dr. Hollett, the Secretary: I have a letter in my hand, from Japan, addressed to Dr. Hulbert, of New York, in which they speak of the medical practice in that country and the fact that it is largely in the hands of the allopaths, and express a desire that homœopathy might be introduced into the country; and they speak of the expense of main-

taining a physician there at fifty dollars a month, or something like that, and feel that if one was maintained, at some expense, it might have good results in the way of establishing our school. They claim that a change is taking place in the practice of medicine. Their practice consists largely in giving roots and herbs, and they are going down from pounds to drachms, in doses. Their doses are becoming smaller. These matters are of some interest. The letter is quite lengthy.

President: I wish to thank the Society for their patience, and their thorough attention to the papers and forbearance with the President.

A vote of thanks to the President was moved and carried.

Adjourned.

II.

Proceedings of the Thirty-First Annual Meeting of the Homœopathic Medical Society of the State of New York, held in the Court of Appeals Room, New Capitol, Albany, N. Y. Tuesday and Wednesday, February, 14th and 15th 1882. President Selden H. Talcott. M. D. in the chair.

The proceedings were opened with prayer by the Rev. James H. Ecob of the Second Presbyterian Church of Albany, after which the President delivered his

Opening Address.

Fellow Members of the State Homœopathic Medical Society:

Another year of active toil finds us, at its close, face to face once again, and accords us the pleasant privilege of clasping hands with cordial and earnest friends. I give you all a sincere New Year's greeting. In doing so, we follow not the semester of the seasons, but abide simply the hour of opportunity.

We have before us a session that will, I trust, be crowded with earnest and progressive work. So much is waiting for accomplishment that I shall not now detain you with any protracted remarks. I shall only suggest at this time a very few thoughts for your consideration.

The National Board of Health proclaims the fact that small-pox is epidemic throughout the land. The prophylactic of Jenner—vaccination—is being almost universally resorted to. Some there are who seriously dread the consequences of this preventive. The question arises: "May there not be a better, a safer and a surer prophylactic against this dire scourge?" Who will determine the effects of a remedy like *Antimonium Tartaricum* in warding off the approaches of small-pox? May not that, or some other drug, exercise a beneficial influence in checking the prog-

ress of a much-to-be-dreaded epidemic? Indeed, is it not reasonable to suppose that appropriate remedies may act as powerful allies, at least, of the methods of Jenner?

Scarlatina and diphtheria are contagious, and often fatal diseases. It has been suggested by a distinguished physician that hospitals be erected where such cases may be secluded and disinfected, and the ravages of such maladies be thereby checked. I fear the learned doctor did not *consult* with the mothers of America before advocating such a plan. The sanitary improvement of our houses is becoming a question of profound interest in this country; and, while we are about it, would it not be well (since sickness, like poverty, is likely to be always with us) to set apart an upper chamber in every house, where the youthful victims of scarlatina and diphtheria may be cared for by the best nurses in the world, their own devoted, self sacrificing, long watching and much enduring mothers?

If our homes are properly arranged in their building, strict seclusion of the patient may be obtained. If the nurse be properly instructed by the physician, there need be no trouble about thorough disinfection. Only the helplessly poor, or the hopelessly ignorant, will stand in need of the sheltering care of a general hospital. Few mothers could endure the separation from their loved ones which treatment in a hospital implies.

In the construction and use of our houses, if we would pay more attention to plumbing, and trapping, and drainage, and less to ornamentation, we should have less of diphtheria and typhoid fever to deal with.

The matter of color blindness, among employés of rail roads, has received commendable attention from some of our fellow practitioners. Further investigations in this direction should be made. Since travel by rapid transit lines is becoming so common in this country, every precautionary means should be taken to make such journeying, not only pleasant but safe. Here the path of public duty, which medical men should always tread, leads to a vast and important field of usefulness.

These matters of public interest to which we have referred are practical and should command the sober consideration of the entire profession.

A few days ago our "old school" brethren met in this city* and, as I am informed, voted to consult with the members of the school we represent, when requested by us to do so. The "old school" has taken a long stride in the right direction. That school has placed itself upon ground which has been occupied by omœopathists for over half a century. The records will show that we have never taken a position of antagonism to general and full consultation with any legally qualified physicians. We rejoice, honestly, over the liberal spirit manifested by those who have in times past opposed us, and in return I think we may say that we stand ready to comply with any demands they make upon us for consultation in the future.

Permit me now to read an extract from the opening address delivered last week by President Jacobi, of the State Medical Society:

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*Albany.

"It is generally asserted by many that there are good reasons for abolishing the boundaries between the several classes of medical men altogether. I do not speak of schools of medical men, for modern medicine is not divided into schools. The homœopaths claim that they do not differ from us as formerly they did, and proudly claimed to do.*

"If we have a reason to believe, not only that medical science is one and indivisible and based on logic and experimentation, but that we, the profession of the State of New York, are sufficiently imbued with that spirit of logic and experimental science, characteristic of modern medicine, we may overlook differences, and meet with a spirit of reconciliation, those who do not encounter us any more, so they say themselves, with the dicta of a school, or a sect, but who claim that each individual man amongst them stands on his own feet and does his own thinking. A crowd of men facing the profession with the battle cry of "*similia similibus*" and "no quarter," exclude themselves, and cannot expect kind treatment at our hands. When the ranks, however, are dissolved, and no *corps d'esprit* makes them raise the flag of hostility, and instead of a fighting army under orders, men come into your camp for reconciliation, and a parley, the case is different."

Now we shall have to note some exceptions to the foregoing statements:

You observe that Dr. Jacobi designates the large, influential and able body of homœopathic physicians—numbering nearly one thousand in this State—not as physicians, but as a "crowd of men;" not in the profession but "facing the profession;" and so long as these shout the shibboleth of their faith, "*similia similibus*," they "cannot expect kind treatment" at his hands. Now we rather like "kind treatment," but we do not care to purchase it at the price intimated—namely: a sacrifice of conscientious principle.

If our brethren of the old school demand a high grade of medical attainment, and a fulfillment of all the requirements of a high minded and honorable manhood, before associating on equal terms with other physicians, then we acquiesce in such demands, because they are just. But we insist upon retaining that liberty of opinion which enables us to believe in an unquenchable law of nature, whether our associates do or not.

Having for many years ostracized the believers in homœopathy, and having long opposed their inalienable right to freedom of thought in medical matters, the "old school" through the mouth of their president, now offers to treat with the disciples of Hahnemann, not as an army, whose banners are blazoned with the records of many victories, but as stragglers who may wander into their camp for purposes of "parley" and "reconciliation."

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*"Who says so?" is the conundrum which will be propounded by hundreds of homœopathists throughout the length and breadth of the Empire State. We acknowledge and claim, and a contrast of the present methods with those of fifty years ago will prove it, that the "old school" practice has been modified, to such an extent that it does not differ as much as formerly from practice according to the law of similars. Further than that we cannot go. In the matter of consultations, too, did Mohamet go to the mountain, or did the mountain, like a persuaded elephant, come to Mohamet?

Now we do not desire to appear ungenerous or illiberal, but when we treat with our opponents, it will be as "an army with banners." We cannot yield readily to any process of degrading absorption. My ambition does not lie in the direction of securing a sponge for a field of active usefulness, nor for an ignominious grave! The march of homœopathy has been one of triumphant progress. When, therefore, its adherents arrange terms with distinguished opponents, those terms must be mutually conciliatory. Each "crowd of men" must be willing to offer equal and honorable concessions to the valor, the achievements, and the abilities of the other.

Upon no other terms can we as lawfully qualified and self respecting physicians enter into a harmonious coalition with our brethren of the "old school"—or, in more modern phraseology, the *other* "class." We welcome, with unfeigned pleasure every evidence of progress in science, of improvement in practice, of liberty in thought or action; but we condemn and unhesitatingly oppose everything that savors of antique bigotry, or "fourteenth century" prejudice. We do not ask a surrender from those who oppose us, nor shall we capitulate to them. We only ask that the truths of our system may be thoroughly investigated by all fair minded and impartial men. The cause of opposition to homœopathy lies largely in a blind and wilful ignorance of the principles upon which we base our methods of practice.

The President appointed the following committees:

Auditing: Drs. M. J. Lincoln, Chas. Sumner and J. L. Moffat.

Credentials: Drs. A. W. Holden, T. L. Brown and W. B. Kenyon.

Invitations: Drs. E. Hasbrouck, H. R. Stiles and J. J. Mitchell.

President's Address: Drs. J. H. Demarest, R. A. Adams and Anna C. Howland.

The Recording Secretary commenced reading the minutes of the last annual and semi-annual meetings, when Dr. J. J. Mitchell said that as the minutes of the last annual meeting had been printed in the Transactions and were familiar to all, he would move that the further reading of the minutes of the last annual and semi-annual meetings be dispensed with and they be approved.

Dr. H. L. Waldo moved, as an amendment, that the minutes of the last annual meeting be corrected by inserting the following nominations for permanent membership made at the last annual meeting: A. M. Woodruff, M. D., Alice B. Campbell, M. D., S. T. Birdsall, M. D., Anna C. Howland, M. D., William Simpson, M. D., John A. Pearsall, M. D., C. E. Chase, M. D., L. L. Brainard, M. D., A. B. Kinne, M. D., C. D. Hale, M. D., E. J. Morgan, Jr., M. D., T. W. Read, M. D., Chas. R. Sumner, M. D., G. A. Tracy, M. D., James A. West, M. D., G. C. Prichard, M. D.

The motion, as amended, was adopted.

A communication was presented by the President and read by the Recording Secretary, from Dr. F. Park Lewis, of Buffalo, expressing his regret that he could not be present at the meeting.

The Treasurer, Dr. E. S. Coburn, read his annual report, as follows, which was referred to the Auditing Committee:

Edward S. Coburn, Treasurer, in account with the Homœopathic Medical Society of the State of New York.

DR.

To balance in Treasury	$ 187 98
" Cash from Certificates of Membership, Permanent Members and County Societies	553 00
" Cash from sale of Books	286 25
Total	$1027 23

CR.

By cash paid as per vouchers	$1027 23

Dr. Hasbrouck moved that all duly qualified physicians be invited to participate in the discussions of the sessions. [Adopted.]

Dr. Hasbrouck also moved that the Governor and staff, together with both Houses of the Legislature, be invited to attend the sessions of the Society. [Adopted.]

The Corresponding Secretary, Dr. Charles E. Jones, reported that he had received the following communication from Dr. Hasbrouck, of his attendance as a delegate at the meeting of the New Jersey State Homœopathic Medical Society:

BROOKLYN, N. Y., Jan. 26, 1882.

To the Homœopathic Medical Society of the State of New York:

Having been duly appointed, by the Executive Committee of your Society, as one of the delegates to attend the meetings of the New Jersey State Society, I would respectfully report that in June, 1881, I attended the annual meeting of that Society, held at Newark. Your delegate was very fraternally and courteously received. Every possible attention was given him—even his dinner. He found a gathering of about thirty to thirty-five physicians, who harmoniously and earnestly presented a full compliment of papers and discussions looking toward the advancement of homœopathy. He presented, in return for the hospitalities received, the congratulations of this Society and cordially invited one or all of the members to visit our Society at any of its meetings. Thanking the Society for the honor conferred, the undersigned would say that, notwithstanding all the hard things spoken of New Jersey, he is ready and willing to be sent there again whenever the interests of this Society can be enhanced by so doing.

Respectfully submitted. E. HASBROUCK, Delegate.

Report of Dr. C Spencer Kinney, one of the Delegates to the Connecticut Homœopathic Medical Society.

As one of the delegates from the Homœopathic Medical Society of the State of New York, appointed to attend the meeting of the Connecticut Homœopathic Medical Society, it affords me pleasure to present the following report:

Connecticut Homœopathic Medical Society.

The seventh annual meeting of this society was held in the Allyn House, Hartford, May 17th, 1881, President Dr. W. D. Anderson in the chair, and Dr. H. M. Bishop, Secretary.

Dr. E. E. Case, of Hartford, read an able and instructive paper entitled "Notes from Practice," of cases mostly of a chronic character, that had been successfully treated with the 30th and 200th potencies.

Dr. E. B. Hooker, of Hartford, read an essay upon "Intemperance *vs.* Abstinence," giving the physical and moral aspects of the question. The doctor also made a report of the action the Legislature had taken respecting the practice of medicine within the State. As the law now stands, it is to the effect that all itinerant practitioners not residents of the State are liable to a fine of twenty dollars each day they remain therein.

Dr. E. H. Linnell made a report as delegate to the Massachusetts Society. He also cited a case in practice that was diagnosed as hæmorrhage from an uterine fibroid, which was permanently relieved by the use of Sabina[30].

Dr. C. A. Dorman, of New Haven, made a report upon a faith cure, and Dr. P. T. Peltier, of Hartford, read a case reported in *American Homœopath* for April, 1880, of "Rectal Hæmorrhage in the New Born," followed by a discussion on the paper by members of the society.

At 2:45 P. M. the society adjourned for dinner, which was of a good and substantial character and reflected infinite credit upon the proprietor of the Allyn House, and to which ample justice was done by those present.

At 3:30 P. M. the society was called from refreshments to labor, at which time Dr. Taber, of Collinsville, reported to the society a case of elephantiasis of the labia majora, of thirteen years' duration, that had greatly improved upon the use of Phytolacca Decandra.

Dr. C. A. Dorman reported two cases of spermatorrhœa, successfully treated by Argentum Nitricum, followed with a discussion by members of the society in which Dioscorea, Digitaline and Gelseminum had been used successfully.

A very candid paper of Dr. Anderson's, upon the needs of the society, was read by the chairman, Dr. Anderson having been called away, and a case of snake poisoning was reported by Dr. E. B. Hooker, which had been successfully treated by Carbonate of Ammonia and Lachesis.

A paper was also read by Dr. C. Spencer Kinney, delegate from the New York Society, on "What Homœopathy Has Done and Is Doing in New York State."

Drs. A. H. Allen and J. K. Warren, delegates from Massachusetts, reported the Massachusetts Society as being in a flourishing condition.

The whole proceedings were characterized by the utmost harmony and cordiality, and the meeting was productive of much pleasure and instruction.

The election of officers and delegates resulted as follows:

President, H. M. Bishop, of Norwich; Vice-President, W. B. Dunning, of Hartford; Secretary and Treasurer, E. B. Hooker, of Hartford; Librarian, G. H. Wilson, of Meriden; Censors, Drs. Peltier and Case, of Hartford; Dr. Mansfield, of Meriden; Dr. Osborne, of Middletown, and Dr. Taber, of Collinsville. Delegates to the American Institute of Homœopathy, Drs. Foot, Linnell, Wilson, Case and Allen; delegate to the New York Society, Dr. King, of Unionville; delegate to the Massa-

chusetts Society, Dr. Allen, of New London; delegate to the Rhode Island Society, Dr. Anderson, of New Haven.

The society then adjourned.

I did not attend the semi-annual meeting held in Norwich, Conn., Tuesday, Oct. 11th, 1881, but the following list of papers, presented at that time, was kindly furnished me by the secretary of the society, Dr. E. B. Hooker, of Hartford:

1. "Statistics of Homœopathic Practice," by G. C. F. Williams, M. D.
2. "Clinical Experiences," by C. E. Sanford, M. D.
3. "Laryngeal Phthisis," by John A. Rockwell, M. D.
4. "Experience with High Potencies," by E. E. Case, M. D.
5. Paper, by A. H. Allen, M. D.
6. "Clinical Cases of Transfusion of Blood and Intra-venous Injection of Milk in Anæmia," by C. E. Stark, M. D.
7. "Case of Stricture of Urethra, with Complications," by H. M. Bishop, M. D.
8. "Report of an Autopsy of a Case of Hemiopia" by E. H. Linnell, M. D.
9. "Cicuta in Chorea," by W. F. Hinckley, M. D.
10. "The Sphere of Ergot in Labor," by E. B. Hooker, M. D.

The Corresponding Secretary also presented letters from the librarians of the library of the State University, Ann Arbor, Michigan, and the Astor Library, New York City, asking for copies of the Transactions for their respective libraries.

On motion, the report of the Corresponding Secretary was accepted.

The Recording Secretary presented letters of regret from Dr. Walter Y. Cowl, of New York and Dr. Robt. Boocock, of Coxsackie, N. Y., on account of their inability to attend the meeting.

The Committee on Credentials reported the following as present at different times during the session of the Society:

Drs. E. D. Jones, W. E. Milbank, W. H. Randell, J. F. McKown, C. E. Jones, J. W. Cox, G. A. Cox, Wm. H. VanDerzee, L. M. Pratt, H. M. Paine, S. H. Carroll, N. Hunting, Catharine E. Goewey, Geo. E. Gorham, J. J. Peckham, of Albany; G. H. Billings, Cohoes; H. L. Waldo, West Troy; T. L. Brown and Geo. F. Hand, Binghamton; M. J. Lincoln, Olean; Asa S. Couch, Fredonia; A. B. Rice, Panama; F. D. Alling, Dunkirk; O. Groom, Horseheads; E. C. Low, Plattsburg; W. H. Barnes, Chatham; C. P. Cook, Hudson; Anna C. Howland, Poughkeepsie; J. R. Strong, Fishkill; W. B. Kenyon, Buffalo; E. Hasbrouck, S. S. Guy, J. L. Moffat and Hellen S. Lassen, Brooklyn; H. K. Brasted, Lima; Chas. Sumner and R. A. Adams, Rochester; L. A. Frazier and J. N. White, Amsterdam; E. M. Kellogg, J. W. Dowling, W. Tod Helmuth, J. H. Demarest, Chas. A. Bacon, A. P. Williamson, New York; M. O. Terry, Utica; J. J. Mitchell, Newburgh; C. M. Lawrance, Port Jervis; S. H. Talcott and W. M. Butler, Middletown; C. A. Beldin, Jamaica; E. S. Coburn, C. H. Carpenter and M. L. Dowdell, Troy; A. P. Hollett, Havana; S. J. Pearsall and J. A. Pearsall, Saratoga Springs; W. W. French; Ballston Spa; E. W. Bryan, Corning; T. E. Hale, Shushan; O. H. Mott, Fort Ann; L. A. Clark and J. F, Niver, Cambridge; A. W. Holden, Glen's Falls; J. C. McPherson,

Lyons; P. G. Clark, Unadilla, and J. L. Corbin, of Athens, Pa. Present sixty-seven.

NOMINATION OF OFFICERS.

The following nominations were made:

For President: Drs. J. J. Mitchell, Newburgh; E. Hasbrouck, Brooklyn; A. K. Hills, New York, and T. L. Brown, Binghamton.

For First Vice-President: Drs. T. L. Brown, Binghamton; R. A. Adams, Rochester; O. Groom, Horseheads.

For Second Vice-President: Drs. P. W. Mull, Ghent; W. B. Kenyon, Buffalo; L. A. Clark, Cambridge.

For Third Vice-President: Drs. W. M. Butler, Middletown; C. L. Bonnell, New York.

For Recording Secretary: Dr. A. P. Hollett, Havana.

For Corresponding Secretary; Dr. J. H. Demarest, moved that the By-laws be amended so as to abolish the office of Corresponding Secretary and provide that the duties of such officer, be performed by the Recording Secretary as Secretary of the Society. [Adopted.]

For Treasurer: Dr. E. S. Coburn, Troy.

For Censors: Dr. Hasbrouck moved that the nomination of Censors lay over until to-morrow at the time for the election of officers. [Adopted.]

On motion, the appointment of delegates to other societies was left to the President, when elected.

Dr. Sumner moved that the President appoint a committee of three, to whom the nominations for honorary membership should be handed, to be reported to the Society to-morrow. [Adopted.]

The President appointed, as such committee, Drs. Chas. Sumner, A. W. Holden and W. H. Barnes.

NOMINATIONS FOR PERMANENT MEMBERSHIP.

The Secretary read the following names as nominees for permanent membership, to be elected at a future annual meeting:

SECOND DISTRICT.

C. Spencer Kinney, M. D., J. Freeman Atwood, M. D., Augustus Von der Liihe, M. D.

THIRD DISTRICT.

Robert Boocock, M. D., W. W. French, M. D.

FOURTH DISTRICT.

Wm. Zoller, M. D.

FIFTH DISTRICT.

G. H. Fulford, M. D.

SIXTH DISTRICT.

J. E. Slaught, M. D., Alex. V. Stobbs, M. D., A. J. Clark, M. D., C. F. Millspaugh, M. D., E. E. Snyder, M. D.

SEVENTH DISTRICT.

Allen B. Carr, M. D., J. C. McPherson, M. D., W. L. Miller, M. D.

EIGHTH DISTRICT.

W. B. Kenyon, M. D.

ELECTION OF PERMANENT MEMBERS.

The Secretary read the list of nominees.

Dr. Hasbrouck inquired in what judicial districts the nominees reside, and made the point of order, which was sustained, that we could not, in accordance with the statutes of the State, elect more than two from any one judicial district.

The Secretary stated that A. M. Woodruff, M. D., Alice B. Campbell, M. D., S. T. Birdsall, M. D., Anna C. Howland, M. D., resided in the Second Judicial District; Wm. Simpson, M. D., John A. Pearsall, M. D., in the Third; C. E. Chase, M. D., L. L. Brainard, M. D., A. B. Kinne, M. D., C. D. Hale, M. D., in the Fifth; E. J. Morgan, Jr., M. D., T. W. Read, M. D., in the Sixth; Chas. R. Sumner, M. D., G. A. Tracy, M. D., James A. West, M. D., G. C. Prichard, M. D., in the Seventh.

Dr. Coburn stated that Dr. Wm. Simpson had gone to California.

The President said: It would be very pleasant to have the election now, so that those elected could act as members immediately. If the Society will permit, I would make the suggestion that where there are but two nominations from a judicial district, the election take place this morning. Where there are more than two nominations, the case can lay over until to-morrow.

Dr. Demarest: I make that as a motion.

Dr. Barnes: I was going to suggest, why not elect two from each judicial district and let the others go over?

President: Then the question might come up to-morrow, whether you had made the selection most satisfactory to the Society? If you take time to make the selection, you have twenty-four hours in which to do it. If you do it now, you do it hap-hazard..

Dr. Sumner: I think the President ought to appoint a committee to investigate the matter, and let the committee make the selection as to who shall be elected.

President: If there is no objection, I will appoint the same committee which has in charge the matter of honorary membership. You have heard the motion that we proceed to the election of nominees where there are but two from a judicial district, and where there are more than two, they be referred to the committee to report upon to-morrow morning.

The motion was adopted.

The Secretary read the names, and Drs. John A. Pearsall, E. J. Morgan, Jr., and T. W. Read were elected.

ELECTION OF HONORARY MEMBERS.

The next business was the election to honorary membership. The nominees were: Dr. R. E. Caruthers, of Alleghany City, Pa.; Dr. Hayward, of Liverpool, England; Dr. J. Gibbs Blake, of England; Dr. Samuel A. Jones, of Ann Arbor, Michigan; Dr. Geo. B. Peck, of Providence, Rhode Island; Dr. O. S. Runnels, of Indianapolis, Indiana.

A motion was made and adopted that the Secretary cast the ballot of the Society for the nominees, and the Secretary having cast the ballot,

the gentlemen named were declared duly elected to honorary membership.

NOMINATIONS FOR REGENTS' DEGREE.

The following nominations were made: C. E. Swift, Auburn; E. D. Jones, Albany; J. B. Elliott, Brooklyn; J. A. Biegler, Rochester; L. M Kenyon, Buffalo.

The Committee on Legislation made no report.

SEMI-ANNUAL MEETING.

The next business in order was the selection of a place for holding the next semi-annual meeting.

Dr. Hollett: A request has been sent in to have the Society hold its semi-annual meeting at Grove Spring, on Keuka Lake, the Switzerland of America, among the wine cellars and vineyards of Yates and Steuben counties.

Dr. Hasbrouck: I have had some experience with Keuka Lake, and would mention Syracuse as the place.

Dr. Howland: On behalf of the Dutchess County Society, I would invite the Society to hold its semi-annual meeting at Poughkeepsie; we have so few members there, however, that I fear we may not be able to entertain you as we might desire.

Dr. Hasbrouck: As that invitation comes direct from the Dutchess County Society, I withdraw Syracuse.

President: We have to select between Poughkeepsie and the waters of the Hudson, and Grove Spring with its wine cellars and vineyards. The Society will not hesitate in making the proper selection.

Dr. Coburn: I will suggest postponing the selection until to-morrow, as we may have other invitations. Like Dr. Hasbrouck, I do not want to go back to Keuka Lake, as we have just come from there.

Dr. Howland: I did not bring any of the waters of the Hudson to sample you.

Dr. Hollett: I would mention that Grove Spring is on the lake just west of Seneca Lake, and is half way between Hammondsport and Penn Yan.

Dr. Groom seconded the motion to postpone, which was adopted.

PROPOSED CHANGE OF CONSTITUTION.

The next business in order was action upon the proposed change of the Constitution and By-Laws, notice of which was given at the annual meeting in February, 1881, by H. M. Paine, M. D., proposing to retire from payment of dues, all members after twenty-five years.

Dr. Coburn: I presume there is no one here at present who knows as much about this matter as I do. While I would like to alter the Constitution and By-Laws so as to provide that after twenty-five years a member should be retired from the payment of dues, I do not see how we can accomplish it now. We have members upon the books who have been members for twenty years, and others who have been members for ten years and five years who have never contributed one dollar to the interest

of the Society or the advancement of the work. As I understand Dr. Paine's proposition, it is to retire from the list of active members those who have been paying for its support. We have some members who have paid for a few years and ceased. Others have paid nothing. Others have paid for five years and then ceased, and all at once said: "I guess I will take up the membership of the Society and begin to pay." I cannot see where the justice of the thing will come in. If all the members were paying members, it could be done very nicely.

Dr. Hasbrouck: That could be done by making an amendment compelling them to pay for twenty-five years.

President: As I understand it, it is only for the relief of those who have paid for twenty-five years, like the American Institute of Homœopathy.

Dr. Coburn: Could a member come up and pay in advance, or pay arrearages to make up the amount? I have a member of my own society who has been elected since 1865, and never paid a dollar to its support.

Dr. Hollett: Dr. Paine is not present, and I move to defer the consideration of the subject.

Hr. Hasbrouck seconded the motion.

Dr. Coburn: If Dr. Paine will change the wording of his amendment so that all members who have paid dues for twenty-five years shall have their dues remitted, it will be all right. As it stands now, a member who has been twenty-five years a member, and never paid a dollar, has his dues remitted.

Dr. Hasbrouck: I offer, as an amendment, the insertion of the words "provided they have never passed a year without paying their dues."

Dr. Dowling: It strikes me that, at the end of twenty-five years, it is just the time when a man is in the best condition to aid the younger practitioners. I think it will be better to amend the resolution so as to double the dues of those who have been members for twenty-five years. I think that will be more satisfactory to the younger members. The dues are so small now that I trust the resolution will not be carried. I judge the Society is in need of every dollar it can get, and I think it will be better for us to pay our annual dues right along, as none of us are suffering.

Dr. Coburn: As I understand it, no amendment is in order. It is an amendment to the Constitution and cannot be amended unless the amendment lay over another year.

President: Dr. Coburn is right. The question is upon the amendment to the Constitution remitting the dues of those who have been members twenty-five years. Those in favor of remitting these dues will manifest it in the usual way.

The motion was lost.

AUDITING COMMITTEE.

The President called for the report of the Auditing Committee.

Dr. Lincoln: Your committee report that they find the accounts of the Treasurer correct.

Dr. Groom moved that the report be adopted and the committee discharged. [Adopted.]

COMMITTEE ON MEDICAL SOCIETIES AND INSTITUTIONS.

The next business in order was receiving the report of the Committee on Medical Societies and Institutions. The following reports were presented by the Chairman, Dr. Hollett:

To the Homœopathic Medical Society of the State of New York:

We have the honor to report that the Homœopathic School of Medicine in the State of New York, is on the increase both in regard to the number of its practitioners, its patronage and its influence. During the past year we have had numerous acquisitions to our ranks, so that we can now safely say that we have *at least nine hundred and fifty* acknowledged practitioners of homœopathy within the State.

Several of the physicians of our school, we find occupying places of honor and trust in connection with our State Government. Notable among these is our colleague Dr. Wm. H. Watson, who is on the Governor's staff as Surgeon-General and who also, by the election of the Legislature, is one of the Regents of the University of the State of New York. On the State Board of Health we are very ably represented by Dr. J. Savage Delavan, who is one of the three Commissioners appointed by the Governor, with the consent of the Senate; the others being Dr. Elisha Harris and the Hon. Erastus Brooks, and we can but commend the very efficient work that has been accomplished by the State Board of Health since its organization. In addition to these, many of our physicians occupy places on the boards of health of the several cities and villages of the State, as Health Officers, while many others hold the elective and responsible office of Coroner.

We are glad to report the very efficient and prosperous condition of our State Society and call your attention to the amount of work that has been accomplished during the year which you may become acquainted with, through the reports of its several officers. As auxiliary to the State Society in advancing the interests of our School of Medicine, we have the pleasure of reporting the following 39 Local and County Societies, which are the *peers* of any similar organizations and they are in a more or less prosperous condition; two medical colleges and the first State Board of Medical Examiners of the State University; 18 hospitals including two of the State Insane Asylums; 13 Dispensaries; 6 Medical Journals; The Annual Directory of the homœopathic physicians and institutions, and the Homœopathic Mutual Life Insurauce Company of New York City.

LOCAL SOCIETIES.

	Name of Society.	When organized.	Meetings.	Annual meetings, 1882.	President.	Secretary.
1	Albany Homœopathic Medical Society.	1860	Quar.	Albany, January.	J. Savage Delavan, M. D., Albany, N. Y.	Charles E. Jones, M. D., Albany, N. Y.
2	Binghamton Medical Association.		Monthly.	Binghamton.	E. E. Snyder, M. D., Binghamton, N. Y.	C. F. Millspaugh, M. D,. Binghamton, N. Y.
3	Cayuga County Homœopathic Medical Society.	1859	Quar.	Auburn.	W. M. Gwynn, M. D., Throopsville, N. Y.	W. M. Sprague, M. D., Auburn, N. Y.
4	Central New York Medical Society.	1866	Quar.	Syracuse.	S. Seward, M. D., Syracuse, N. Y.	C. P. Jennings, M. D., Skaneateles, N. Y.
5	Chautauqua & Cattaraugus Co.'s Homœo. Med. Society.	1876	Semi-annually.	Jamestown.	C. Ormes, M. D., Jamestown, N. Y.	A. B. Rice, M. D., Panama, N. Y.
6	Chemung County Homœop. Medical Society.	1866	"	Elmira, December.	T. W. Read, M. D., Big Flats, N. Y.	O. Groom, M. D., Horseheads, N. Y.
7	Chenango County Homœop. Medical Society.	1871	"	Norwich, January 17.	R. E. Miller, M. D., Oxford, N. Y.	S. J. Fulton, M. D., Norwich, N. Y.
8	Columbia & Greene Co.'s Hom. Medical Society.	1861	"	Hudson, October.	S. J. Phillips, M. D., Catskill, N. Y.	Robert Boocock, M. D., Coxsackie, N. Y.
9	Dutchess County Homœop. Medical Society.	1861	Quar.	October.	John Hornby, M. D., Poughkeepsie, N. Y.	Anna C. Howland, M. D., Poughkeepsie, N. Y.
10	Erie County Homœopathic Medical Society.	1859	"	January.	D. B. Stumpf, M. D., Buffalo, N. Y.	L. A. Bull, M. D., Buffalo, N. Y.

11	Homœopathic Medical Society of Kings County.	1857	Monthly.	Brooklyn, May.	E. Hasbrouck, M. D., Brooklyn, N. Y.	W. W. Blackman, M. D., Brooklyn, N. Y.
12	Livingston Co. Homœopathic Medical Society.	1863	Semi-annually.	Semi-annual.	W. W. Russell, M. D., Hemlock Lake, N. Y.	H. M. Dayfoot, M. D., Mt. Morris, N. Y.
13	Madison County Homœop. Medical Society.	1865	"	Cazenovia, June.	E. P. Hussey, M. D., Canastota, N. Y.	J. T. Wallace, M. D., Cazenovia, N. Y.
14	Monroe County Homœopathic Medical Society.	1866	Qnar.	Rochester, January.	J. A. Bieglar, M. D., Rochester, N. Y.	Thos. D. Spencer, M. D., Rochester, N. Y.
15	Montgomery & Fulton Co.'s Homœopathic Med. Society.	1869			Louis Faust, M. D., Schenectady, N. Y.	Wm. Zoller, M. D., Fort Plain, N. Y.
16	Niagara & Orleans Co.'s Hom. Medical Society.	1871	Semi-annually.	June.		
17	Homœopathic Med. Society of New York County.	1857	Monthly.	New York, Dec.	E. Carleton, M. D., 58 W. 9th St., N. York.	F. H. Boynton, M. D., 151 Lexington Av., N. Y.
18	Oneida & Herkimer Co.'s Homœopathic Med. Society.	1857	Semi-annually.	Utica, October.	L. L. Brainard, M. D., Little Falls, N. Y.	C. E. Chase, M. D., Utica, N. Y.
19	Onondaga Co. Homœopathic Medical Society.	1863	Monthly.	Syracuse, May.	A. J. Brewster, M. D., Syracuse, N. Y.	E. O. Kinne, M. D., Syracuse, N. Y.
20	Ontario & Yates Co.'s Hom. Medical Society,	1861	Semi-annually.	Canandaigua, October.	C. T. Mitchell, M. D., Canandaigua, N. Y.	G. C. Prichard, M. D., Phelps, N. Y.
21	Orange County Homœopathic Medical Society.	1852	Quar.	October.	S. H. Talcott, M. D., Middletown, N. Y.	I. S. Bradner, M. D., Middletown, N. Y.
22	Otsego County Homœopathic Medical Society.	1879	Semi-annually.	June.	O. S. Pratt, M. D., Oneonta, N. Y.	J. D. Kaple, M. D., Portlandville, N. Y.
23	Oswego County Homœopathic Medical Society.	1861	"	June.	C. W. Radway, M. D., Mexico, N. Y.	G. D. McManus, M. D., Oswego, N. Y.
24	Queens County Homœopathic Medical Society.	1873	Quar.	October.	C. A. Beldin, M. D., Jamaica, N. Y.	W. A. Allen, M. D., Flushing, N. Y.

LOCAL SOCIETIES.—(*Continued.*)

NAME OF SOCIETY.	When organized.	Meetings.	Annual meetings, 1882.	PRESIDENT.	SECRETARY.
25 Rensselaer Co. Homœopathic Medical Society.	1859	Annu'y.	Troy, October.	C. H. Carpenter, M. D., Troy, N. Y.	A. R. Greene, M. D., Troy, N. Y.
26 Saratoga Co. Homœopathic Medical Society.			Saratoga Sps., Jan. 26.	W. W. French, M. D., Ballston Spa, N. Y.	John A. Pearsall, M. D., Saratoga Springs, N. Y.
27 St. Lawrence Co. Homœop. Medical Society.	1871	Semi-annually.	June.	D. R. Belding, M. D., Malone, N. Y.	N. N. Child, M. D., Ogdensburg, N. Y.
28 Schuyler Co. Homœopathic Medical Society.	1872	Quar.	Watkins. July.	F. W. Adriance, M. D., Watkins, N. Y.	George H. King, M. D., North Hector, N. Y.
29 Seneca County Homœepathic Medical Society.	1872	Semi-annually	Waterloo, October.	O. W. Peterson, M. D., Waterloo, N. Y.	J. J. Alleman, M. D., Waterloo, N. Y.
30 Steuben County Homœopathic Medical Society.	1867	Quar.	Bath, May.	E. W. Bryan, M. D., Corning, N. Y.	B. F. Williamson, M. D., Friendship, N. Y.
31 Tompkins Co. Homœopathic Medical Society.			Ithaca	E. J. Morgan, Sr., M. D. Ithaca, N. Y.	A. M. Baldwin, M. D., Groton, N. Y.
32 Ulster County Homœopathic Medical Society.	1865		Kingston, May.	Levi Schoffer, M. D., Kingston, N. Y.	F. W. Ingalls, M. D., Kingston, N. Y.
33 Washington & Warren Co.'s Hom. Medical Society	1865		January.	L. A. Clark, M. D., Cambridge, N. Y.	A. W. Holden, M. D., Glen's Falls, N. Y.
34 Wayne County Homœopathic Medical Society.	1862	Semi-annually.	June.		Wm. H. Sweeting, M. D., Lyons, N. Y.

35 Westchester Co. Homœopathic Medical Society.	1865	Semi-annually.	Yonkers, January.	J. Hasbrouck, M. D., Dodd's Ferry, N. Y.	R. O. Phillips, M. D., Yonkers, N. Y.
36 Medical Society of Northern New York.	1850	Annu'y.	July.	W. W. French, M. D., Ballston Spa, N. Y.	H. M. Paine, M. D., Albany, N. Y.
37 Southern Tier Homœopathic Medical Society.	1874	Quar.	Corning, January.	O. Groom, M. D., Horseheads, N. Y.	A. P. Hollett, M. D., Havana, N. Y.
38 Buffalo Medical Club.	1879	Monthly.	Buffalo.		F. Park Lewis, M. D., Buffalo, N. Y.
39 New York Clinical Club.	1877	Semi-annually.	New York, November.		A. T. Hills, M. D., 39 W. 36th St., N. York

HOMŒOPATHIC INSTITUTIONS.

I. HOMŒOPATHIC COLLEGES AND STATE UNIVERSITY.

NAME.	WHERE LOCATED.	When incorporated.	When students first entered.	NAME AND ADDRESS OF DEAN.
1 New York Homœopathic Medical College.	Cor. Third Ave. and 23d Street, New York City.	1859	1859	J. W. Dowling, M. D., 313 Madison Avenue.
1 New York Medical College and Hospital for Women.	Cor. Second Ave. and 12th St., New York City.	1860	1860	Mrs. C. S. Lozier, M. D., 103 West 48th Street.
3 Board of State Medical Examiners of the University of the State of New York.	Office of the Regents, Albany, N. Y.	1872	1872	C. A. Bacon, M. D., Secretary, 130 East 35th Street, New York.

II. HOMŒOPATHIC HOSPITALS AND HOSPITALS WITH WHICH HOMŒOPATHIC PHYSICIANS ARE CONNECTED.

NAME.	Where located.	When incorporated.	When opened.	Name and address of Resident Physician Chief of Staff or Executive Officer.	Medical Staff or attending Physicians and Surgeons.	Value of hospital & grounds.	Source of revenue.
1 Albany City Hom. Hospital.	123 N. Pearl St. Albany, N. Y.	1872	1872	J. J. Peckham, M. D., 123 North Pearl St.	See special report		Patients, donations, city.
2 Albany House of Shelter.	Albany, N. Y.				Drs. H. M. & H. S. Paine of Albany.		
3 Buffalo Hom. Eye and Ear Infirmary.	Buffalo, N. Y.				N. Osborne, M. D., A. Curtis, M. D., L. A. Bull, M. D., G. R. Stearns, M. D.		
4 Ingleside Homœop. Hospital.	" "						
5 Buffalo Hom. Hosp'l.	" "	1872	1872				
6 Brooklyn Homœop. Hospital.	Cumberland St. Brooklyn, N. Y.	1871	1872	Drs. S. E. Stiles and C. A. Mayer.		50000	Patients & city.
7 Brooklyn Maternity.	44, 46 & 48 Concord St., Brooklyn, N. Y.	1871	1873	E. J. Pratt, M. D.	See special report.	45000	$25,000 an. from City.
8 Brooklyn Nursery.	188 Prospect Place, Brooklyn.	1871	1871	J. B. Elliott, M. D., 403 Clinton Av. Brook'n.	See special report.		
9 N. Y. State Hom. Asylum for Insane.	Middletown, N. Y,	1869	1869	Selden H. Talcott, M. D.	W. M. Butler, M. D., C. S. Kinney, M. D.		State.
10 Binghamton Asylum for Chronic Insane.	Binghamton, N. Y.	1880	1881	T. S. Armstrong, M. D.			State.

11 Ward's Island Hom. Hospital.	Ward's Island, New York City.		1875	A. P. Willianson, M. D.	See special report.		City.
12 Hahnemann Hospital	307 E. 55th St New York City.	1875	1875	J. H. Thompson, M. D.		200000 asses'd 45900	Patients, donations, fairs
13 New York Ophthalmic Hospital.	3d Ave. & 53d St., New York City.	1852	1852	Charles Deady, M. D.	See special report.	125000	Rentals.
14 Hospital of the Protestant Half-Orphan Asylum.	New York City.						
15 Hospital of the Five Points House of Industry.	155 Worth St., New York City.			Arthur F, Eife, M. D.	See special report.		
16 Faxton Hospital.	Utica, N. Y.	1873	1874		M. O. Terry, M. D.		
17 St. Lukes Home and Hospital.	" "				C. E. Chase, M. D.		
18 Day Nursery & Lodging House for Respectable Women.	48 & 50 Mulbery St., New York City.				Arthur F. Eife, M. D.		

III. HOMŒOPATHIC DISPENSARIES.

NAME.	Where located.	When incorporated.	When opened.	Name and address of Medical Director.	President and Secretary.
1 Albany City Hom. Dispensary.	Albany, N. Y.	1869	1869		
2 Brooklyn Hom. Hospital Dispensary.	108 Cumberland Street, Brooklyn, N. Y.	1852	1852	J. G. Atkinson, M. D., 304 Adelphi St.	
3 Brooklyn E. D. Hom. Dispensary.	194 S. Third Street, Brooklyn, N. Y.	1872	1872		Samuel S. Martin, Esq.
4 Gates Avenue Homœopathic Dispensary.	Cor. Gates & Fulton Avenues, Brooklyn.	1867	1867	S. H. Keep, M. D., 457 Vanderbilt Ave.	Hon. S. L. Woodford, V. Aldridge.
5 New York Homœopathic Dispensary.	7th Avenue near 36th St., New York City.	1866	1866	J. H. Thompson. M. D., 36 E. 30th St., N. Y.	W. H. Fagg, W. H. Peckham.
6 North-Eastern Homœopathic Dispensary.	307 East 55th Street, New York City.				Wm. Radde, John Hamer.
7 Western Dispensary.	201 N. W. cor. 38th St. & 7th Ave., New York.	1868		S. R. Ellison, M. D., 268 W. 43d St., N. Y.	E. Guernsey, M. D., R. W. Gilbert, Esq.
8 Tompkins Square Homœo. Dispensary.	257 East Fourth St., New York City.	1874	1874	J. P. Ermentrant, M. D., 257 E. 4th St., N. Y.	E. P. Orrel, Esq., 9 Chambers, St., N. Y.
9 New York Hom. College Dispensary.	Cor. Third Ave. & 23d St., New York.	1866	1867	J. W. Dowling, M. D., 313 Madison Ave.	S. H. Wales, Esq., F. E. Doughty, M. D.
10 New York College for Women Dispensary.	Second Ave. & 12th St., New York City.				
11 Harlem Hom. Dispensary.	223 East 121st Street, New York City.	1872			J. Ralsey White, M. D., A. R. Adams, M. D.

12 Morrisania Homœopathic Dispensary.	Willis Ave. near 145th St., New York.			C. A. Tinker, M. D., 130th St. & Alex. Av.	Samuel R. Filley, Esq., H. H. Tinker, M. D.
13 Yorkville Hom. Dispensary.				A. Bleassart, M. D., 1421 Lexington Ave.	R. D. Smith, M. D., 414 E. 85th St., N. Y.

IV. HOMŒOPATHIC JOURNALS, DIRECTORY AND INSURANCE COMPANY.

Name of Journal.	Name and address of Publisher.	Name and address of Editor.	Established.	How oft'n pub'd.	Form.	Yearly pages.	Sub'n price.
1 North American Journal of Homœopathy.	Boericke & Tafel, 145 Grand St., New York City.	S. Lilienthal, M. D., 228 W. 4th St., N. York.	1851	Quar.	Octavo.	704	$4 00
2 New York Medical Times.	The Editors, 18 W. 23d St., New York.	E. Guernsey, M. D., 18 W. 23d St. & A. K. Hills, M. D., 456 5th Ave.	1873	Monthly.	Royal octavo.	480	3 00
3 American Homœopath.	A. L. Chatterton Publishing Co., New York.	C. E. Blumenthal, M. D., 54 N. 45th St N. Y.	1876	"	Octavo.	500	2 00
4 Medico Chirurgical Quarterly.	John Butler, M. D., 102 E. 22d St., New York.	John Butler, M. D., Geo. M. Dillow, M. D.	1880				
5 Homœopathic Journal of Obstetrics.	A. L. Chatterton Publishing Co., New York.	H. Minton, M. D., Brooklyn, N. Y.	1879	Quar.	"	544	4 00
6 Homœopathic Expositor.	E. J. Morgan, Jr., M. D., Ithaca, N. Y.	E. J. Morgan, Jr., M. D., Ithaca, N. Y.	1878	"	"		50
7 Annual Directory of Hom. Physicians and Institutions in the State of New York.	A. P. Hollett, M. D., Havana, N. Y.	A. P. Hollett, M. D., Havana, N. Y.	1881	Annu'y.	"	30 to 40	Free.
8 Homœopathic Mutual Life Insurance Co.	E. M. Kellogg, M. D., Pres't 257 Broadway.	F. B. Mayhew, Secretary. New York.	1868				

We also submit the following special reports from the several hospitals and dispensaries therein named:

Report of the Albany City Homœopathic Hospital and Dispensary for the Year Ending December 31st, 1881.

HOSPITAL.

Number of patients Jan. 1st, 1881		17
" " " admitted during the year		87
Total under treatment		104
Number of patients discharged, cured		43
" " " " improved		28
" " " " not improved		6
Number of deaths:		
Abscess	1	
Apoplexy	2	
Cancer	2	
Phthisis pulmonalis	7	
Railroad injuries	2	
Total		14
Number of patients remaining, Dec. 31st		13
Total		104

List of Diseases and Conditions Treated in the Hospital During the Year.

Abscess 3, amputations 4, apoplexy 2, asthma 1, bronchitis 1, burn 1, calculus urinary 1, cancer 3, confinement 9, cystitis chronic 1, delirium tremens 3, dropsy 3, dyspepsia 5, epilepsy 1, erysipelas 1, fever intermittent 3, fistula vesico vaginal 2, fracture 9, frozen feet 2, hypochondriasis 2, hysteria 2, insanity 1, metritis 1, neuralgia 2, paralysis 3, pharyngitis 1, phthisis pulmonalis 15, pleurisy 1, pneumonia 1, psoriasis 1, rheumatism 8, spinal curvature 1, syphilis 3, tumor 1, ulcer 3, varicose veins 2. Total, 104.

Dispensary.

Number of prescriptions, 1,402. Number of minor surgical operations, 575.

The Hospital is in a prosperous condition. Unity prevails among its officers and physicians. The running expenses for the year 1881 have been met and paid by the revenue from pay patients, donations and contributions from the friends of the hospital, and appropriation from the city of Albany. Respectfully yours,

J. J. PECKHAM, Resident Physician.

The House of Shelter, at Albany, N. Y.

This institution for the relief of the "homeless and erring," was organized in 1868. It is in charge of a board of gentlemen and lady managers. The statistics for the years 1878 and 1880 are:

Number admitted for the first time	50
Re-admitted	8
Returned to friends	12
At service	11
Left of their own accord	16
Occasional lodgers	24
Death of adults	5
Children received	16
Sent to the Orphan Asylum	3
Adopted	2
Deaths of infants	3
Present number in institution:	
Adults	23
Children	5

The institution is sustained wholly by private contributions to its funds, which amount in the aggregate to about $5000. annually. Attending Physicians, Drs. H. M. and H. S. Paine, of Albany

BROOKLYN MATERNITY.
46–48 CONCORD ST.
JAN. 19th, 1882.

Dear Doctor:—This Institution consists of three departments:

First—Lying-in.

Second—Nursery.

Third—Training School for Nurses.

The Officers are: Mrs. George Stannard, 1st Directress; Mrs. George Gilbert, Secretary; Mrs. Robert Shaw, Treasurer.

Medical Staff:—W. B. Garside, M. D., Medical Director; R. C. Moffat, M. D., Secretary of Staff; Max. F. Hein, M. D., John L. Moffat, M. D., Elipalet Nott, M. D., D. K. Mandeville, M. D., Edward Chapin, M. D.

Resident Physician:—E. J. Pratt, M. D.

During the past year 116 women and 114 children have been in the Institution. There have been 85 confinements and two deaths from puerperal fever.

In October a class of seven nurses was graduated, and we now have a class of seven in training.

I submit this brief report to you hoping it will be satisfactory, shall also mail the annual report for 1880, that for 1881 is not published yet.

Respectfully Yours.
E. J. PRATT, Resident Physician.

We received the Tenth Annual Report of the Brooklyn Nursery, 188 Prospect Place, which was presented to the Annual Meeting of the Association on June 1st, 1881. The Medical Staff are as follows:

Physician-in-Chief:—Dr. J. B. Elliott, 493 Clinton Avenue.

Visiting Physician:—Dr. J. Freeman Atwood, 307 Cumberland St.

Associate Visiting Physicians:—Dr. W. E. Wamsley, 34 Hanson Place; Dr. W. W. Blackman, 15 Greene Avenue; Dr. R. N. Denison, 172 6th Avenue; Dr. B. E. Mead, 2 Lafayette Avenue.

Consulting Physicians:—Dr. H. F. Aten, Dr. S. Talmage, Dr. J. B.

Elliott, Dr. E. T. Richardson, Dr. J. F. Talmage, Dr. W. L. R. Perrine.

Consulting Surgeon:—Dr. A. de Varona, 94 Livingston St.

During the last year (ending June 1st. 1881) they had received seventy three babies and sixteen women. On June 1st. 1880, the commencement of the year they had a family of fifty-four persons including matron, caretaker and servants, and June 1st. 1881, thirty-two babies and sixteen women. During the ten years existence of the Nursery it has sheltered 1,226 children and 480 women.

At the annual meeting of the Trustees of the State Homœopathic Asylum for the Insane at Middletown, Orange Co., N. Y., the report of the Medical Superintendent to the trustees and of the trustees to the Legislature were submitted and adopted. These reports are for the fiscal year ending Sept. 30th. They show that the institution is in a very flourishing condition, that most encouraging results have followed the system of treatment and that, judged by any of the standards applicable to institutions of this kind, the Homœopathic Asylum may justly be considered one of the most successful, if not in fact the most successful in the country.

The report of the Medical Superintendent is the fifth that has been made by the present efficient Superintendent, Dr. Selden H. Talcott.

The percentage of recoveries is the largest since Dr. Talcott took charge of the asylum while the percentage of deaths has been moderate to a marked degree. At the beginning of the fiscal year there were 80 male and 100 female patients in the Asylum. During the year 93 males and 67 females were admitted, making the whole number under treatment during the year 340. Of those 31 males and 30 females were discharged recovered, 10 males and 7 females were discharged improved, and 11 males and 18 females were discharged unimproved, 11 males and 4 females died, leaving 108 males and 108 females in the institution at the date of the report. The highest number under treatment at one time was 128 males and 119 females, a total of 247. There are 36 more patients in the Asylum now than when the last report was made. There were no cases of suicide and but two escaped during the year.

Of the whole number discharged 49 per cent. were recoveries while the death rate was a little over 4 per cent. of the whole number treated.

The question of the employment of the insane in useful labor is discussed exhaustively and at length, not only in its relations to the physical effects on the patients, but also as effected in this institution by the varied social conditions of the patient. The opinion of eminent alienists are cited, and this part of the report is a valuable and well-considered contribution to this branch of literature of the treatment of the insane.

The Superintendent acknowledged the aid he has received from the trustees, from the assistant physicians, Drs. Butler and Kinney; from the steward, Rev. John Cochrane and others.

The report of the President of the Board of Trustees to the Legislature is the eleventh in the history of the institution and chronicles the work of a prosperous and progressive year. Its principal points may be summarized as follows:

During the year Pavilion No 2, the last of the three buildings embraced in the original design, has been completed. The appropriation of $150,000 sufficed not only for the erection of the building but also for the

construction of a corridor connecting it with the main building and a subway connecting with boiler house. The building now has accommodation for 175 patients, and is divided into eight wards. Three floors of the building are now occupied by male patients, who were transferred to it from Pavilion No. 1, the lower portion of which is now assigned to female patients. The new building is found to be well adapted for the purposes designed. The ventilation is excellent and the steam heating apparatus all that could be desired. There are now accommodations at the Asylum for 400 patients.

The only changes that have occurred in the Board during the year are the resignation of William Herring and the appointment in his place of N. W. Vail.

During the year but little money has been expended for the improvement of the farm and garden, but both have been diligently cultivated and good crops secured. Considerable work has also been done in removing stones from the land for wall building and road making. Ten acres on the easterly part of the farm have been thus cleared, leaving it in suitable shape for profitable cultivation. A stone and gravel walk has been built through the centre of the large garden. A few acres of low lands in the rear of the buildings have been under-drained and subdued. A plain but substantial wall has been built along Monhagen avenue and a new gateway and gate put at the main entrance. An additional green house for propagation has been built at an expense of about $200. During the past summer the grounds in front of the institution were adorned with 40,000 plants, which were not only pleasing to the eye, but the cultivation of which was an agreeable and benificial diversion to the patients.

The needs of the institution are: An additional boiler in the boiler-house; a larger drying-room in the laundry; a tile floor in the basement of the administrative building; additional fire apparatus in the shape of ladders and hydrants about the buildings, well supplied with hose; an overhauling of the steam-heating apparatus and the water closets of the main buiding; a new iron pipe to connect the asylum with the water main; and a gymnasium and work-shop for the patients in Pavilion No. 2.

The following appropriations are asked for:

Additional steam heating	$ 4,000
New drying-room	1,500
Tile floor in basement	1,500
Fire apparatus	1,500
Renovating heating apparatus	6,000
Renovating water-closets	1,000
New pipe for water supply	4,000
Lightning rods	1,200
Addition to ice house	500
Grading grounds, filling swale in rear of Pavilion No. 2 and constructing necessary walks, and for farm improvements	5,000
Gymnasium and work-shop	1,000
Total	$27,200

The farm report shows that there was expended for farm labor during the year $1,458.58. The value of the products raised was $4,490.55. Among the products are the following: 1,150 bushels of potatoes, 68 of beets, 80 of carrots, 280 turnips, 150 of corn, 1,700 bunches of celery, 1,600 heads of cabbage and 43,080 quarts of milk. The estimated value of the green vegetables raised was $350. Beef and pork of the value of $568.91 was fatted on the farm. There was sold from the farm for cash $72.82 worth of its products.

Homœopathic Hospital, Wards Island, N. Y.

Medical Board:—Egbert Guernsey, M. D., President; J. McE. Wetmore, M. D., Vice President; Alfred K. Hills, M. D., Secretary; J. W. Dowling, M. D., E. Carleton, M. D., T. D. Bradford, M. D., A. Scherzer, M. D., J. H. Thompson, M. D., C. A. Bacon, M. D., J. Ralsey White, M. D., W. Peterson, M. D., F. F. Moore, M. D., H. M. Dearborn, M. D., William T. Helmuth, M. D., George S. Norton, M. D., F. E. Doughty, M. D., L. de V. Wilder, M. D., A. T. Hills, M. D., J. H. Demarest, M. D., T. F. Smith, M. D., G. C. Brown, M. D., G. H. Moore, M. D., H. H. Tinker, M. D.

House Staff:—F. C. Greene, M. D., G. C. F. Williams, M. D., C. Helffrich, M. D., F. W. Koehler, M. D., T. C. Williams, M. D., E. N. Lowry, M. D., C. A. Mayer, M. D., E. D. Tripp, M. D.

Chief of Staff:—A. P. Williamson, M. D.

Census report of patients in Ward's Island Homœopathic Hospital for the year ending December 31st, 1881.

	Males.	Fem.	Total.	N.	F.
Remaining last report	324	113	437	123	314
Admissions	2907	1043	3950	998	2952
Total	3231	1156	4387	1121	3266
Discharged	2718	1002	3720	932	2788
Died	213	58	271	77	194
Total	2931	1060	3991	1009	2982
Remaining Dec. 31st, 1881	300	96	396	112	284

Respectfully submitted. A. P. WILLIAMSON, Chief of Staff.

Thirtieth Annual Report of the Directors of the New York Ophthalmic Hospital, for the Year Ending September 30th, 1881.

The thirtieth year of the charitable work of this institution presents a record of unprecedented activity and usefulness. The number of patients treated during the past twelve months is found to have been seven thousand, four hundred and ninety-two, in place of six thousand the previous year. In their last annual report the Directors made the following statement:

"The rapid increase in the number of patients of this hospital foreshadows the necessity of an early enlargement of its accommodations, and and additions to the small building fund, already in hand, are earnestly solicited. Fifty thousand dollars it is hoped will cover the cost of enlargement; and it is not believed that the wealthy and benevolent of the city and State of New York, to whom the value of this charity is known, will allow us to turn suffering humanity away from our doors for the want of the amount here named."

Inspired by this faith in the good people of New York, and impelled by the necessity of immediate relief to the over-crowded rooms of the hospital, the Directors purchased the adjoining property on Third Avenue, and, having made the required alterations, now occupy its rooms. The surgeons are thus enabled to work to advantage, and the amount of good done is largely increased.

The Directors take pride in reminding its patrons, friends and the public that the New York Ophthalmic Hospital is also a college, second to none in the world, for the education of students, and empowered by the State (in 1879) to confer on its graduates the degree of "*Oculi et Auris Chirurgus*," (Surgeon of the Eye and Ear).

No institution in New York has been more useful, and no one has, during the past twelve years, had a more rapid and solid growth; and we believe that the success achieved in this hospital has never been equaled in any other institution of a similar character in the world.

The present officers of the Hospital of the Five Points House of Industry are as follows: Attending Physicians, St. Clair Smith, M. D., Dwight B. Hunt, M. D.; Attending Surgeon, F. E. Doughty, M. D.; Resident Physician Arthur F. Eife, M. D.

I may state that the Institution is in excellent condition, and the hospital facilities taxed to their utmost. Have had epidemics of scarlet fever and measles which have yielded promptly to treatment. One case of variola appeared during the year, which was the first case we had within twenty years, as vaccination is thoroughly practiced, each child being vaccinated as it enters the Institution and once every year thereafter, this child had been in the Institution but a week and had not been vaccinated. During the year we have had only one case of cerebro-spinal meningitis which recovered without any sequellæ.

In the way of statistics I may state that out of 1006 cases treated during the year (Jan. 1st 1881, to Jan. 1st 1882) we have had but four deaths.

I remain, Yours Respectfully.

ARTHUR F. EIFE, M. D., Resident Physician.

WESTERN DISPENSARY.
201 WEST 38th STREET.
JANUARY 16th, 1882.

The Western Dispensary formerly called Western Homœopathic Dispensary, but some changes being necessary a new charter was obtained. We own the building now occupied

For year ending September 30th, 1881:

House Department.	Number patients	4361
	" prescriptions	7979

Visiting Department.	Number patients	557
	" visits made	2477

Since organization May 30th 1868 to September 30th 1881.

Number patients	132,433
" prescriptions	303,571

Staff:—Drs. Schley, on Chest, and Throat; Stevens, on General; Hermance, on Women; Bagg, on Children; Swasey, on Chest and Throat; Rankin, on Surgery; Ellison, on Skin, and Venereal.

Visiting Department:—Drs. Stevens, and Ellison. S. R. Ellison, Superintendent; W. F. Graves, Clerk.

A Board of twenty Trustees:—Dr. Egbert Guernsey, President; Robert Gilbert, Esq., Secretary; W. H. Wiley, Esq., Treasurer.

A house committee of three trustees have control of the Dispensary.

Yours Respectfully.

S. R. ELLISON, Superintendent.

The charter for the Harlem Homœopathic Dispensary, located at 223, East 121 Street, was secured the 3d of February 1872, and receiving an appropriation from the city funds yearly. It ran along very smoothly, but losing the appropriation, and the Drs. their interest it was given up, not because there were no patients, I assure you, but lack of funds entirely.

In August 1880 we revived the work and by personal efforts in one way and another it has been supported.

The officers of the Dispensary consists of president, treasurer, and secretary. President, Dr. J. Ralsey White, 228 East, 124 street; Treasurer, Dr. T. Franklin Smith, 62 East 128 street; Secretary, Dr. A. R. Adams, 35 East 124th street. We also have a board of trustees numbering twenty-seven. So you see we are well equipped so far as trustees are concerned.

Yours, A. R. ADAMS.

The Morrisania Homœopathic Dispensary Association has been created and organized under the laws of the State of New York, with a dispensary located on Willis Avenue, near 145th Street, in the 23d Ward of this city. The purpose of this organization is to furnish treatment and medicine to the deserving poor of the 23d and 24th Wards, gratuitously.

The society was organized with the following officers for the ensuing year, viz:

President—Samuel R. Filley.

Vice-President—R. M. Hoe.

Secretary—Horace H. Tinker, M. D.

Treasurer—W. T. Marvin.

Physician in charge—Dr. C. A. Tinker.

Executive Committee—J. R. Angel, S. R. Filley, H. H. Tinker, M. D.

Since May, 1880, 3,500 (thirty-five hundred) patients, including twenty-seven cases of obstetrics, have been treated, and many out visits have been made, also many quite grave surgical operations performed.

Respectfully yours, C. A. TINKER.

All of which is respectfully submitted.

A. P. HOLLETT.
E. HASBROUCK.
A. S. COUCH.
H. L. WALDO.
} Committee on Societies and Institutions.

Prof. J. W. Dowling presented the following special reports:

Report of the New York Homœopathic Medical Colelge, Session 1881-'82.

The history of the College during the present year is a history of continued prosperity. There was graduated at the last commencement the largest class that has yet gone forth from its halls. The number of matriculants for the present session is 146. The faculty of the institution consists of fifteen professors and seven lecturers on special subjects. The students are divided into three classes—Freshman, Junior and Senior—and the entire course covers three years, each college year consisting of five and a half months of continuous instruction. Students are admitted to either of the advanced classes, upon passing a satisfactory examination in the studies already pursued by the class for which they apply, and the order of lectures has been so arranged as to enable those who so elect to complete the curriculum in two years, and, at the expiration of such time, provided they have then complied with all the other legal requirements of this State, to be eligible for the degree of the College. Each class pursues its own designated course of lectures and study, but advanced students may attend any of the lectures or demonstrations of the under classes which they desire. In assigning students who have attended a partial course, due allowance is made for such previous attendance. Beside his lectures, each professor conducts a quiz throughout the session. These quizzes are free to students. Examinations are held towards the end of each term. Members of the Junior and Middle classes may be examined on the branches they have studied; and such examination, if satisfactory, is final, and a certificate to that effect is given. If not satisfactory, a second examination therein must be passed before a diploma can be given.

Applicants for the College degree must give evidence of having fulfilled the legal requirements of the State, viz: that they are twenty-one years of age, are of good moral character; that they have studied medicine three years with a qualified physician in regular standing; that they have attended two full courses of lectures, the last of which was at this College, and that they have pursued at least one course of practical anatomy; they must also present an acceptable thesis, in their own handwriting, and pass such an examination in each department of the course as shall be satisfactory to the faculty and censors. In this College this examination consists of really three distinct examinations; 1st, a written examination by the faculty; 2d, an oral examination by the faculty; and 3d, an oral examination by a board of censors, who, as none of them are members of the faculty, are able to form an impartial judgment of the candidates' proficiency. Clinical instruction occupies a large space in the curriculum of the College. Extended opportunities therefor, are afforded by the kind co-operation of professional brethren connected with the homœopathic institutions of the city. The New York Homœopathic Medical College Dispensary, in the same building with the college, treats some 125 patients daily, and has afforded a large number of cases to the various clinics during the present year.

SCHOLARSHIPS.

There is a permanent fund created by the college, whereby deserving students of limited means can receive full and complete courses of instruction, at rates below the regular schedule of fees. By this arrangement no deserving student need deny himself attendance upon the college.

FEES.

Fees for one course of lectures	$125 00
Fees for graded course, including lectures for the entire term of three years or longer, issued only to students who agree to attend three courses of lectures, and payable invariably in advance	200 00
Matriculation fee	5 00
Practical anatomy	10 00
Graduation fee	30 00
Graduates of other medical colleges	50 00

J. W. DOWLING, M. D., Dean.

To the Homœopathic Medical Society, State of New York:

Report of the New York Homœopathic Medical College Dispensary for the year ending Oct. 1st, 1881. The staff consists of twenty-three physicians and surgeons.

Number of new cases	9,981
" " " " last year	9,615
An increase of	366
Number of prescriptions	27,438
" " " last year	26,697
An increase of	741
Number of visits to out-door poor	2,508
" " " " " " last year	345
An increase of	2,163
Number of surgical operations	156
" " " " last year	74
An increase of	82
Surgical operations in the Gynæcological department	50
" " " " Genito Urinary "	40

Dispensary open daily, (Sundays excepted,) from 10 A. M. to 5 P. M.

J. W. DOWLING, M. D., General Superintendent.

Dr. Hollett read the report of Dr. Paine, the necrologist:

New York State Homœopathic Medical Society---Summary of the Necrologist's Report, 1882.

Brief biographies of the following physicians of this State, who have deceased within the last two years, are included in the report which will appear at length in the official Transactions: Franklin Bigelow, M. D., of Syracuse; Marcello M. Gardner, M. D., of Utica; Abraham C. Burke, M. D., W. Wright, M. D., J. P. Duffin, M. D., and E. T. Richardson, M. D., of Brooklyn; Garrett D. Crispell, M. D., of Kingston; B. F. Cornell, M. D., of Glen's Falls; Warren Freeman, M. D., and John Augustine Ward, M. D., of New York.

Dr. Richard Huson, who died last October, in Lawrence Kansas, formerly of Dundee, Yates county, was so long identified with our cause in that county and so active and intelligent an advocate, that he is considered as deserving a memorial in the annals of this Society.

Most of those named in the above list have served as delegate or permanent members of the Society, and the others were all well known and respectable practitioners in their respective districts, if not throughout the State. HENRY D. PAINE, Necrologist.

Dr. Hasbrouck: It seems to me that some of those names must have been presented before, as they died before this year.

Dr. Coburn: Is it expected that Dr. Paine should make a report on those who are not members of this Society?

President: It is not necessary to report those who are not members of this Society, and the necrologist will probably prepare only notices of those who have been members.

MISCELLANEOUS BUSINESS.

Dr. Hasbrouck: There has recently been organized in Pennsylvania a library and reading room association, and I have been requested to ask this Society to donate to the library a set of its Transactions. I move that this Society donate to that society a set of its Transactions.

Dr. Groom seconded the motion.

Dr. Hasbrouck: I will say this institution is in a very flourishing condition for the time it was organized, and promises to be a very substantial institution.

The motion was adopted.

Dr. Hasbrouck: A similar organization is about to be started in the city of Brooklyn, and I will move that this Society donate to that organization a set of the Transactions at such time as the treasurer is notified that the organization is ready to receive them.

Dr. Brown seconded the motion. [Adopted.]

Dr. Coburn: Dr. Hasbrouck has started the transaction question. It has been quite a question for me in the last few years. If you will remember the notices sent out, the price of the volumes ranged from a dollar and a half each. Previously they were a dollar each. We have a great many volumes of 1873-'74-'75-'76-'77-'78-'79, and it seems to me, if we could get our money for those books it will be better to reduce the price and let them go. They are simply accumulating, and gathering moths. I have frequent applications for books, one yesterday from California, but they do not wish to pay the full price for them. I therefore hope the Society will reduce the price to one dollar, perhaps, with the exception of 1880 and 1881, which are new.

Dr. Groom: I would ask if we have a committee on publication?

Dr. Coburn: We have.

Dr. Groom: I move to refer it to the committee on publication, with power to act.

Dr. Coburn: It is only procrastinating. I think the Society should do it itself.

Dr. Hasbrouck: I offer, as an additional resolution, that the treasurer

be instructed, in case of application for full sets, to sell them at the best terms he can make.

The motion was put and adopted.

Dr. Hollett said he had a communication from the Librarian of the Astor Library, asking for copies of the Transactions and a similar communication from the Librarian at Ann Arbor, Michigan.

Dr. ———— moved that a complete set of the Transactions be given to the Astor Library, and that the treasurer be authorized to send a volume every year to the Astor library. [Adopted.]

President: As to the request from Ann Arbor.

Dr. Lincoln: The Ann Arbor people have half of them. I have furnished them myself, and they lack some of a full set since the State stopped publishing them.

Dr. Stiles: I move that the treasurer be empowered to complete the set for Ann Arbor.

Dr. Coburn: I don't know but that gentlemen giving away books are going to put themselves in a spot where they are not going to get out. We have but two or three volumes of 1875, and those are not owned by the Society. With that exception, they can be completed.

Dr. Stiles: Then I will revise my motion, and change it that the treasurer be empowered to complete the set, so far as it can be done without breaking any set which would otherwise be salable.

Dr. Coburn: The Society does not own the volumes for 1875, and there are but two or three numbers left. We have to buy them and pay for them as we want them.

The motion was put, and no member voting either way, the chairman declared it lost.

Adjourned until 2 o'clock P. M.

AFTERNOON SESSION.

Report of the Bureau of Materia Medica.

The President called up the report of the Bureau of Materia Medica.

Dr. Brown: During the year I have made the best effort I could to get a good report. I wrote a letter to each member of the bureau, asking them to present a paper, but did not succeed in getting a single paper from any member of the bureau. I then went to work in my own town and got two papers, one on "Baptisia Tinctoria," by Dr. A. J. Clark, and the other by Dr. Hand, on "Some Observations on Veratrum Viride." Dr. Clark's paper is here, and as it is quite long I will read it by title on the principle that if gentlemen are not here to read their own papers the chairman of bureaux should not read them for them. I have a paper of my own to read which I hope will provoke discussion, so that we may know when and where we are giving medicines. The title of my paper is "Have Remedies any but Atomic and Molecular Action Upon the Blood or Tissues."

Dr. Brown: I hope the members will advocate their pet theories about high attenuations, &c. We cannot agitate the subject too much, because we want to know what diseases we cure and in what way.

Dr. Moffat: I presume several of the members heard of Dr. Allen's address a few years ago on this subject. All that I recollect now, is that he assumed the size of the atom, which is hypothetical, and calculated that when potencies reached the 18th attenuation, the chances of there being any of the original drug left will be something like a billion billions to one, the probability being there would be no drug there, so that when it got to the 19th or 20th it would be perfectly legitimate to say there was none of the original drug left. Following out that theory, I should think it proper to say there is nothing of the drug left in the 30th attenuation. I think few will say that they have tried the 30th with failure. They say Alcohol is inert, but it is not always inert; but it has absorbed the quality of the drug so much, sometimes, that it is hardly fair to lay the result to Alcohol.

Dr. Brown: Admitting it to be true that there is no medicinal effect after the 19th dilution, or after the 29th, the 30th dilution would have no medicine in it at all, and all those physicians who attributed a cure to the 30th could have given any thing else inert and their patients would have recovered. I do not think figures can give us the smallest portion of medicine in the solution so you can say there is no medicine there. There is no calculation which can give you the size of the atom of oxygen you use, and it is that point we want to find out. I have patients who can pick out every time the 200th of Nux Vomica in a dozen powders when I give it to them. The reason I present that is to settle the question whether the extreme high dilution or extreme low dilution are the proper ones, so that we can put our finger on one standard and say here we are, and we have got all we want. In my opinion no such standard will ever be reached. We have to use them all, and can use them all with certain patients with effect. The only way to test it is to bring it up and test it with patients. For instance, you have to prescribe medicine for a patient, you can give too much, and you can give too little, and you have to use constant experiment to get the right quantity, and until you arrive at that point you can get no result. You may give a large dose of Nux Vomica to a patient, and he will not be nauseated, while others are nauseated by the small dose. That degree of extreme sensibility you will find to exist under all circumstances. I do not think Brown or Allen or my friend can say we know just what is the right dilution. We have got to search a good deal further before we can say I cure all my patients with the 30th and never go as high as the 200th. Those who always cure with the 30th certainly cannot go against the 200th.

Dr. Guy: I did not hear but a small portion of the paper, but judge the main point is in regard to the effect of drugs in solution, as to how low or high it is necessary to limit the action of the drug. The subject of high and low dilutions has been one which has attracted the attention of all the better classes of physicians, and perhaps all classes from Hahnemann's time to the present. It has been discussed year after year with the same result. I have never known or heard of any settlement of the question, nor do I expect to hear or know of any settlement. It is simply a series of facts to be discovered which shall determine the result in the mind of each practicing physician. I may have a theory in regard to the action of drugs, and what is the peculiar characteristic in the drug, or quality which

gives it a certain tendency to action in the human economy. We know the effect of them on the healthy, and we must also judge of the effect of them on the sick by proving how they will act in disease. A single ray of light thrown on the subject is valuable, and may perhaps lead to more light. For many years I have tried to investigate this subject, and have used remedies in all dilutions from the tincture of the crude drug itself to the highest dilution. I have produced distinct, active effects of the drugs in every instance upon patients. Not in a single instance, but in every instance I have proved the effect of the drug in the patient. I have used those drugs that have characteristic indication specially, and I have seen the most intense aggravation produced by a very high potency. I have a case in mind that I am treating with high potencies, and the patient is very sensitive to be sure. It is a case of ophthalmia, with an exceedingly sensitive condition of the eye. There is also connected with it a great deal of neuralgic trouble, and the nerves of the head and eye are affected. I have produced the aggravation by the 1400th, because that is the potency I used, of Arsenic, which seemed to be appropriate to the symptoms of the case. The aggravation was most positive in less than ten minutes. The patient knew nothing about what she was taking, and it was renewed in three or four days. I have given other drugs without that effect, and the reaction of the drug in every case was favorable to the case, and the aggrivation was less and less every day. This in that case proved conclusively that the action was apparent. I have used other drugs in much higher potencies, and produced aggravated symptoms in patients. I have used high potencies for thirty odd years, and used them in all the various high ranges. Now there is a theory in regard to what it is that produces this effect in the higher attenuations or potencies. To me clearly it seems plausible, that in the preparation of the remedy you start with the drug. You know you have it. You pursue your course with the dilution or trituration, and the menstruum you use is intended to be inert, and we call it inert, although there may be some power of action on sensitive patients. Now as we know nothing of the drugs only from their effects; we know nothing of the real cause of the action of the drug, we know not what it is in the drug that makes it act, how can you deal with it except by testing it. How can you tell except by testing the difference bewteen Arsenic and chalk. They look both alike, but there is a medical action in one not found in the other. You cannot tell the difference until by being taken into the body they produce a certain action, and that is specific. What is it that produces that result? Can any one tell me anything that will settle that question? I have never heard of anything yet, but the effects are well known, and it is known that the active principle of the drug is something not necessarily dependent on the presence of the crude or tangible parts of the drug. What is the effect of it, and where is it? I merely make these suggestions and you may carry the thing on *ad libitum.*

There being no further discussion, the bureau was declared closed, and Dr. Brown was re-elected chairman of the bureau.

Report of the Bureau of Mental and Nervous Diseases.

Dr. Butler, chairman of the bureau, said the members of the bureau

had kindly responded to his request for papers, and he had several papers.

The following papers were read, as follows: "Who are the Insane," by Dr. T. L. Brown; "A Contribution to Pathology of the Brain," by Dr. Rockwell; "Sub-acute Mania," by Dr. Kinney; "Irresistible Impulse," by Dr. Lillenthal; "Insomnia," by Dr. Kershaw; and "Homicidal Insanity," by Dr. Butler.

There being no discussion on any of the papers, the bureau was closed, and Dr. A. P. Williamson was elected chairman for the ensuing year.

Report of the Special Committee on Physical Diagnosis.

Dr. Dowling, Chairman of the Committe, said: I have prepared no paper. I have been requested repeatedly to review the pathological and physical signs of various forms of pulmonary disease, but when I look around and see so many eminent practitioners here, men engaged in the practice for many years, and who have seen every form of disease, and are familiar with those which come within my own observation, I naturally feel a delicacy in delivering an off hand lecture on a subject on which there is nothing new, and I ask it to be postponed until after the bureaux of clinical medicine and surgery have reported.

The request was granted, and the report postponed.

Report of the Bureau of Clinical Medicine.

In the absence of Dr. Wright, the chairman, Dr. Waldo read his paper on "A Few Thoughts Concerning the Water Supply of Cities."

Dr. Dowling said he had something to say in reference to the views of Dr. Waldo, relative to the germs of infectious diseases being carried into the system by the water we drink. I am also a firm believer in the germ theory. I also believe disease is the result of taking into the system organic, living matter. I also believe all organic matter can be destroyed by a very simple process. I do not believe it is necessary, in order to sustain life, that we shall drink the green or foul water referred to, or water known to be loaded with germs of typhoid fever, or dysentery. By a very simple process these germs can be destroyed, and that simple process is boiling the water. You will remember that an epidemic of typhoid fever followed the Centennial Exhibition in Philadelphia. Typhoid fever was scattered all over the United States. I thought at once, germs of the disease evidently have been taken into the systems of these victims while attending this exhibition at Philadelphia. I heard of some of the first cases that made their appearance. I formerly resided at Philadelphia and was familiar with the surroundings of the exhibition, and fully expected that if all the drainage from the hotels and urinals in connection with the exhibition buildings was permitted to drain into the Schuylkill, and that that water, a short distance below the exhibition, was to be carried into the reservoirs and drank by the residents of Philadelphia, typhoid fever would prevail to an alarming extent. I therefore directed that my patients who went there should boil every particle of water they drank, and many of them carried with them a small Alcohol lamp and kettle, with which they boiled all the water that entered their stomachs. I did not hear of any cases of infection in those who adopted that process, and I am not alone in that, because I heard of several other physicians

who gave the same advice, and never heard of a case, where it was carried out, and whenever we have water which contains the germs whether of typhoid or scarlet fever, if it is brought to the boiling point those germs will be destroyed and will be harmless. Therefore it is not necessary for us to drink green or foul water in order to sustain life. We can go further and distill the water, and I will guarantee that if that process is adopted, there will not be the slightest result from the germs.

Dr. Waldo: The remarks of Dr. Dowling are correct, but unfortunately the largest quantity of water is drank by poor people, who do not boil it and understand nothing about distilling it, and who are forced to drink it even if it were at the time or afterwards to produce sickness. It seems to me that the ground we should take is, that waterworks and corporations should be compelled to furnished water that is fit to drink.

Dr. Dowling: I fully agree with the gentleman, but he said in his paper that it was time the medical fraternity should be active. As a rule, we are poor and we cannot go to work and build waterworks that cost millions, but we can go to the poor people and tell them: "You will die if you do not boil the water you drink." They are easily frightened, and will soon boil it.

Dr. C. E. Jones: I think a large majority of typhoid cases we hear of are due to infection, not from the water, but through the germs in the air. I recognize the fact that it is an easy matter, when water is foul, to contract typhoid fever from such a source, and also recognize that it is possibly of frequent occurrence, but I think the large majority of cases in our cities arise from the contamination of the air we breathe, and while I listened to the paper with a great deal of pleasure, and derived a great deal of information therefrom, I believe the majority of cases arise from defective sewerage.

Dr. Howland: If filtering and agitation have no effect upon water, how is it that in Poughkeepsie, which place derives its water from the Hudson, we see so small a percentage of typhoid fever and diphtheria? We have some cases, but our percentage is very small.

Dr. Waldo then read a paper on "Acute Yellow Atrophy of the Liver," by Dr. Geo. E. Gorham, after which Dr. Brasted read a paper, by himself, entitled "Individualize Your Cases."

Dr. Dowling: I should like to inquire whether the sentiments expressed in this paper meet the views of a majority of the members of the Society present. I would like to put the matter to a vote. No one could reply to a paper of that sort off hand. It would require thought and time, but there are many points connected with it I certainly should object to, and could argue strongly against. I have seen, sometimes, cases of diphtheria where there were no symptoms; the child was too young to tell whether it was sleepy, thirsty or not thirsty; I have seen them gasping for breath, and unable to give tone to their voice, for the reason that there was a diphtheritic exudation covering the larynx. In such cases, what symptoms have I to guide me? Must I take down Allen's encyclopedia and hunt through volume after volume to find the proper remedies? No, I should call on Helmuth and resort to tracheotomy to save the life of my patient. I have seen other cases where the patients were dying from absorption of the putrid exuda-

tion; it was no longer diphtheria simply, but septicæmia, blood poisoning. If there are measures which will remove this putrid diphtheritic product; if there are chemical antidotes known to neutralize it, use them. Call it homœopathic, allopathic or eclectic, as you like, but use them, and save your conscience and your patient. [Applause.] I have seen cases which I simply knew to be diphtheritic, which would have died but for these measures. The doctor speaks too lightly of Aconite. I have invariably used Aconite where the fever was higher, and with good results; and twenty-five years experience tells me that Aconite is the best remedy to control fever, whether in acute or chronic disease. He asks for a specific for diphtheria. I will give it him. It is water. I believe every case of diphtheria, taken in the beginning, can be cured by the simple process of the constant inhalation of hot vapor. What is it that destroys the life of the patient? It is either the mechanical closure of the larynx by the diphtheritic exudation, or the blood poisoning produced by the absorption of the putrid products of the diphtheritic process. Now, if at the beginning of every case of diphtheria you will take an ordinary steam atomizer and apply it to the mouth of your patient, so that he inhales the hot vapor with every breath, say for fifteen minutes out of every hour, or if it is a child, let it be held a short distance from the mouth, allowing the vapor to pass through a funnel, these exudations in the tissues will be brought to the surface of the mucous membrane, owing to the action of the steam. It will not be permitted to accumulate; it will not be permitted to become adherent, but will be thrown off and removed, and your patient will recover, if you resort to these means in time and persevere with them. My friend has brought up four cases of recovery with an infinitesimal dose of medicine. I can bring forward other cases more than that, where I attributed recovery to the persevering use of hot vapor. There are many points in the paper I should like to consider if there was time. He says: "We have a law of cure. It is universal, the same as the law of gravitation." No, it is not. Have we not many conditions arising from mechanical causes? A patient called upon me, complaining of dyspnœa. Respiration, 50 or 60 a minute. On inquiry into the case I learned he had had fever, with pain in the chest, and did not think it necessary to send for a physician. He had great difficulty when ascending stairs; he was unable to lie down in bed; his digestion was impaired; bowels constipated. Why, I might have searched the Materia Medica and found all the symptoms, but would the remedy corresponding have cured the case? No, because those symptoms were owing to a mechanical cause. I stripped the man and made a thorough physical examination. To all appearance, everything was all right; the two sides of the chest were uniform, but I found the apex of the heart was on the wrong side. There was no movement of one side of the chest upon respiration. I extended my examination and made up my mind the chest was filled with fluid. I passed the needle of an aspirator and drew off the fluid. True, I gave him in addition the remedy that I thought would produce such a condition. He recovered. Now, would the subjective symptoms alone have guided us? The lung was compressed, and it was impossible for the patient to properly arterialize his blood. Give him an opportunity to expand the lung and take in suffi-

cient air, and he would recover. I drew off, in three operations, 120 ounces of fluid, and the lung did expand. It would take too long to discuss the paper. I agree with the doctor in searching for the remedy, but search for it in the proper way. I do not agree with the author of the paper that symptoms are of greater importance than a knowledge of the pathological conditions; a knowledge of both is needed.

Dr. Groom: I would like to ask the doctor whether he desired us to understand that, in diphtheria, the disease is simply a local one, and can be treated locally?

Dr. Dowling: No, sir; those are not my views, and it is not what I intended to imply. I look upon diphtheria as a constitutional disease, presenting local manifestations upon the mucous membrane in various portions of the body, but the severe constitutional symptoms will not exist if the larynx alone be involved. Without the mechanical obstruction of the larynx, and without the breaking down and removal of that obstruction, if great the patient will die.

Dr. Brasted: It is but just for me to say I did not sufficiently qualify the paper. I only meant it to apply to cases which require medicinal treatment. There are cases that require surgical treatment. Sometimes chemistry must be brought to bear; sometimes there is mechanical treatment required, as in the draining off of fluid, or unloading the lower bowels, but I did not mean to include those cases, but simply where medicinal action is desired and sought for.

Dr. Dowling: I am glad the gentleman has made this acknowledgment and if he had put it in his paper I should not have said a word. I contended it was necessary to get your symptoms, then get your drugs that meet those symptoms, and you cure your case. Now he acknowledges there are cases which require surgical treatment and chemical treatment, but I do not want it to go on the record that he believed our law was universal and covered every case.

Dr. Brown: I would like to stand between these gentlemen. I would like to ask Dr. Dowling if in cases of diphtheria, the proper remedies are given in time they will not cure. I don't think the gentleman reading the paper meant to cover all those cases.

Dr. C. E. Jones: I do not know that, after what Dr. Dowling has said, it is necessary for me to say anything, but as he has turned the topic of discussion on the subject of diphtheria I will say I most heartily endorse his treatment, but I have known many cases where it is impossible to get a child to inhale the vapor. While I am a homœopathist and believe in individualizing remedies, I believe in trying every remedy. In the October number of the *Lancet*, of 1880, and in the number for May 14, 1881, Dr. Hunter McKenzie of, Edinburgh. wrote two papers on the antiseptic treatment of these cases. In his last paper he suggested an inhaler which might be worn the greater portion of the time except when eating, by which an antiseptic vapor could be constantly inhaled. I wrote to Edinburgh a short time since and received some of the inhalers, covering the mouth and nose, through one valve of which the air was received while the expired air passed through an entirely different valve. I had a patient in the hospital on whom I tried it with Creosote, and in

four days it relieved him, and he is now much better, although I do not think he can get well.

Dr. Butler: I would ask Dr. Dowling if he believes in the use of unslacked lime.

Dr. Dowling: I have seen it used. The object is to make a vapor. The best treatment is the atomizer, and using it frequently. I will cite a few cases briefly. A few months ago, last April or May, I was called to see a little child, daughter of parents who were in the habit of postponing sending for a physician until the last moment. We have in our practice those who buy boxes of medicines and act as physicians themselves, and then when the patient is at death's door they expect a man to come for half price and make as few visits as possible. The case was one of diphtheria. There was a discharge from the nose, the child was unable to speak in an audible tone. I made an examination of the throat. It was night and I used a small bulls-eye reflector that I carried and I found the entire fauces covered with a thick diphtheritic exudation. There was nothing but a white cavern in front of me. I was frightened and owned it. I made up my mind to resort to my own treatment, but I told the family I would not take the responsibility alone as there was but one chance in a dozen for recovery. I told them they must call some one in consultation. I sent for my atomizer and started it. The child was two young to hold it in its mouth, so there was a relay of nurses, and for a week the child did not take a single breath in which it did not carry with it vapor from the steam atomizer. There was an immense amount of fluid in the mouth, and it softened the exudation, the constant use of the steam promoted suppuration beneath it, for that is the only way which you can get it off, as you interpose between, the poison membrane and the necrosed tissues a barrier against re-infection. Gradually the child improved, and finally the entire membrane was thrown off; it was left partially paralyzed and to this day has not entirely recovered. But the child was saved. In another case one of my best patients sent for me to see a child with a croupy cough. I examined the pharynx and found a diphtheritic deposit there. Shortly after, another child in the same family was taken in the same way. I commenced with the steam atomizer, in both cases and for nearly two weeks neither of them inhaled a breath except it was moistened by steam. I could not question them, for they would not know what to tell me. I knew I had cases of diphtheria to deal with; I knew there was an exudation; I knew they would absorb it if it remained; I knew if I tore it off they would only be re-infected, and I knew the larynx was involved and the children would choke to death if it remained. They both recovered. While they were under treatment I noticed in an article in a medical journal that if a patient under nine years of age suffers from diphtheria to such an extent as to lose the voice, death is inevitable, and I showed it to the parent. The remedies prescribed were Bichromate of Potash and Proto-Iodide of Mercury. Both of these children recovered.

Dr. Groom: I am not going to take up the time by discussing the question, but as the question has arisen in reference to using lime I would like to give my experience in using it with success. I will say membranous croup has been one of the worst diseases that I have ever had to combat, diphtheria excepted, and since I have used that I have been

doubly successful. The mode of using it is to take a small portion of unslacked lime, take a basin of water and drop it in, and throw a cloth over the individual, sometimes covering the person, if a child, entirely, under the cloth, and I have been enabled to remove or distroy the membrane very soon. I would say I could control the paroxysms almost at once, and they would not come again in quite a length of time. I have kept it up when the paroxysms were on with almost universal success.

Dr. Demarest: I have controlled membranous croup by the use of the fumes of Iodine. Put the patient in a temperature of 110 to 120, and have a pan of hot water, and set a plate or saucer with Iodine in it, the fumes to be inhaled. I have controlled it by that means in an hour.

Dr. Hasbrouck: I have seen fifteen or twenty cases of diphtheritic croup, and have not seen one case recover except by an operation.

Dr. Guy: I wish to say that the worst case of membranous croup I ever saw I cured with Bromine. It had been given up by several allopathic doctors, and I simply used Bromine in water and gave it by the spoonful in the mouth. I have also cured many other bad cases of membranous croup that way.

Dr. C. E. Jones: In reference to the treatment of croup with Iodine I had a case a short time ago of what I call membranous croup. I used the steam atomizer. They were kept three nights at the atomizer, and red hot bricks were brought from the furnace and plunged into the water on which ten or fifteen drops of Iodine were thrown, and the room was kept in steam for three nights and days until the paper nearly came off the wall. It was undoubtedly a case in which tracheotomy would have been admissible.

Dr. Waldo: I would like to corroberate what Dr. Guy has said in regard to the use of Bromine. I had a case of membranous croup in which the use of Bromine was resorted to with speedy cure. I used the saturated solution of Bromine, and put a teaspoonful in the atomizer, In connection with this there is another remedy I have employed in a few cases, Bi-Chlorate of Potash, and I think it should be used in larger doses even if the child vomits, as I think recovery will be promoted by it.

There being no further remarks, Dr. Hollett, the Secretary, read the following papers by title: "Alleged Evils of Vaccination," by J. J. Mitchell, M. D.; "A Few Cases of Typho-Malaria, with their Origin," by Dr. N. Osborne. "Mental Emotions—Influence on Health," by Dr. C. T. Harris, and "A Case or Two," by Dr. F. W. Hartwell.

Dr. Waldo was nominated and elected chairman of the bureau for the ensuing year.

Report of the Bureau of Surgery.

Dr. Hollett, the Recording Secretary, presented a letter from Dr. W. M. L. Fiske, Chairman of the Bureau, stating that his engagements were such that he could not attend the meeting. He also read the following papers by title and synopsis; "Colle's Fracture, its Pathology and Treatment," by Howard S. Paine, M. D., and "Antiseptic Surgery," by H. I. Ostrom, M. D.

Dr. M. O. Terry, of Utica, was elected Chairman for the ensuing year.

Dr. Dowling: I will postpone what I have to say in regard to physical diagnosis until next summer if the Society will permit me.

President: Will the Society continue the "Special Committee on Physical Diagnosis," with the same Chairman?

Dr. Mitchell: I move it be continued with the same Chairman. [Adopted.]

Adjourned.

EVENING SESSION.

The members of the Society assembled in the Assembly Chamber of the New Capitol to listen to the Annual Address of the President, Selden H. Talcott, A. M., M. D., and a poem by Prof. Wm. Tod Helmuth. The attendance was quite large, and after the delivery of the address and poem, on motion of Dr. Asa S. Couch, a vote of thanks were tendered the speakers and one thousand copies of the address and poem were ordered printed, in pamphlet form, at the expense of the Society, for general distribution.

SECOND DAY'S SESSION.

The Society was called to order at 10 o'clock by the Vice-President, Dr. J. J. Mitchell.

President: The first business in order is the election of officers, and I will appoint as tellers Dr. W. M. Butler and Dr. J. L. Moffat.

Dr. Hasbrouck: I move, before proceeding to the election of officers, that we proceed to the election of permanent members, so that the persons elected may have a chance to vote.

Dr. Waldo seconded the motion, which was carried.

The Committee reported in favor of the following:

Second District—Dr. A. C. Howland, Dr. Alice B. Campbell.

Fifth District—Dr. C. E Chase, Dr. A. B. Kinne.

Seventh District—Dr. C. R. Sumner, Dr. G. C. Pritchard.

Dr. Coburn moved that the report be received, and the Secretary cast a ballot for the nominees selected. [Adopted.]

The Secretary cast the ballot, and the President declared the persons named duly elected.

ELECTION OF OFFICERS.

Dr. Hasbrouck: Being somewhat interested, I am like Guiteau in his late trial, I have a little speech to make. By the course of circumstances, I have had and still have honorable ambition towards the Presidency of the Society, but I have been led, from personal reasons only, to decline to have my name used to-day. I wish the Society all the prosperity it may receive. I have much gratitude towards those nominating me, and who have expressed a desire for me to take the office; but, as I feel to-day, I can not allow my name to be used. I would further say, I have a preference in choice of candidates. My preference is Dr. T. L. Brown, of Binghamton, and I will tell you why. I think it unwise at this time to elect a President from the same county that you yourself came from, Mr. President It is true there has been a precedent for it in New York, but there are a great many physicians there, while in your county there are but ten

or a dozen. Dr. Brown has worked very hard for the Society, and I should like to see him elected. Dr. Mitchell has also been a hard worker, and I should like to see him elected, but on account of now having a President from the same county I think it will be better for him not to be elected.

President: There is some force in Dr. Hasbrouck's remarks, and there is no reason why Orange county should be the Ohio of this State, but the Society must do what it thinks best.

Dr. Brown: I have a speech to make. When the nominations were going on yesterday, I was nominated, as I supposed, for Vice-President; but Dr. Hasbrouck named me as one of the nominees for President. I said I declined in his favor. I wish it distinctly understood that as I promised him I would run if he did not, I am willing, if you think best, to do the best I can for you; and my principle object, if elected, will be to harmonize all the members of homœopathic factions, and I shall do my duty for the interests of the Society. I have no particular ax to grind, and no private bills to offer; I shall follow out a policy for the best interests of the Society, if you choose to elect me President in preference to my opponent, who I would rather see President to-day, you must take me as I am and of your own accord, or I don't want to be President.

A ballot was then taken with the following result: Mitchell, 17; Brown, 14; Hills, 1.

The President declared Dr. J. J. Mitchell duly elected President for the ensuing year.

Dr. Brown moved to make Dr. Mitchell's election unanimous. [Adopted.]

Dr. Mitchell: I appreciate the honor you have, unsolicited, conferred upon me. I was disappointed in not being able to vote for the gentleman I think would ably represent the Society, namely Dr. Hasbrouck, and I am also embarrassed in coming immediately after the one whose term has been just completed, and gloriously concluded, but I will serve you as best I can.

FIRST VICE-PRESIDENT.

The nominees were Drs. T. L. Brown, R. A. Adams and O. Groom.

Dr. Coburn nominated Dr. Hasbrouck.

Dr. Brown withdrew his name, as did also Drs. Groom and Adams.

Dr. Mitchell nominated Dr. Kenyon, but that gentleman also withdrew.

There being no opposition to Dr. Hasbrouck, one ballot was taken by consent and Dr. E. Hasbrouck declared duly elected.

SECOND VICE-PRESIDENT.

The nominees were Drs. P. W. Mull, W. B. Kenyon and L. A. Clark. A ballot was taken with the following result: Kenyon, 25; Mull, 2; Clark, 1.

Dr. W. B. Kenyon was declared duly elected.

THIRD VICE-PRESIDENT.

The nominees were Drs. W. M. Butler and C. L. Bonnell.

Dr. Hasbrouck nominated Dr. R. A. Adams.

Dr. Bonnell having withdrawn, a ballot was taken with the following result: Butler, 18; Adams, 11.

Dr. W. M. Butler was declared duly elected.

One ballot was then cast for Dr. A. P. Hollett for Secretary, and a similar ballot for Dr. E. S. Coburn for Treasurer, and those gentlemen were declared unanimously elected.

CENSORS.

The following were then elected Censors:

Northern District—Drs. A. W. Holden, L. A. Clark and C. J. Farley.

Southern District—Drs. A. K. Hills, John L. Moffat and C. M. Lawrence.

Middle District—Drs. C. D. Hale, N. B. Covert and A. Gifford.

Western District—Drs. Chas. Sumner, E. W. Bryan and D. B. Stumpf.

REGENTS' DEGREE.

The Secretary said there were five placed in nomination for the Regents' degree, at yesterday's meeting, viz: Drs. C. E. Swift, E. D. Jones, J. B. Elliott, J. A. Bieglar and L. M. Kenyon.

Dr. Coburn nominated Dr. Catherine E. Goewey, of Albany, at the request of Dr. Paine, who could not be present.

Dr. Hasbrouck: Dr. Goewey was nominated last year, but was out voted.

The President announced that there were four to be elected.

Dr. Hasbrouck moved that the four persons receiving the highest number of votes be declared elected.

Dr. Groom: I understand the law requires that those elected shall receive two-thirds of all the votes cast, to be eligible to that degree.

Dr. Kellogg: Does it say we shall vote only for four?

President: You can only elect four.

Dr. Kellogg: What for? [Laughter.]

A ballot was taken and 21 votes cast, with the following result:

Swift 15, Jones 16, Elliott 7, Bieglar 10, Kenyon 13, Goewey 12.

The President declared Drs. C. E. Swift and E. D. Jones elected, and ordered another ballot to be taken for the remaining two. The ballot was taken, 17 ballots being cast, with the following result:

Goewey 8, Kenyon 8, Bieglar 7, Elliott 5.

The President declared that there was no choice.

NECROLOGIST.

Dr. Bacon moved that the Society proceed to the election of a Necrologist, in place of Dr. Paine, who desired to be relieved. [Adopted.]

Dr. Hollett nominated Dr. A. W. Holden, of Glen's Falls, and he was elected.

REGENTS' DEGREE AGAIN.

Dr. Hasbrouck: Do those nominations lie over until next year; do they have preference over other nominations?

President: I think not.

Dr. Hasbrouck: Then I move to proceed to an election, if it takes all day.

Dr. Bacon: I think the way we are electing members of that degree is absurd. We take great pains to have a committee to prepare names of members for honorary membership of the Society, and all that sort of thing, but for the Regents' degree they rush them in, and no one is responsible or can say if they are eligible for it or not. As we have got through with it once, we should let it rest.

Dr. Hasbrouck: It is an injustice to the persons named. I would like to know where there is a better man for the degree than Dr. Kenyon, of Buffalo.

Dr. Bacon: I do not think that is of any moment at all. We have passed it once, and should not go back to it.

Motion put and lost.

Committee on Legislation.

Dr. Bacon said: There is some very important business to be done this session of the legislature and so there was last year, but the committee neglected it. The old school society is pressing through the Legislature two or three different acts in regard to the giving of a license to practice to new physicians, rendering it necessary for new practitioners to get a license from the Board of Regents. While matters of this kind are pressing before the Legislature, we should have earnest, active and careful men to look after our interests. I therefore nominate Dr. S. H. Talcott as chairman of the Committee on Legislation for the ensuing year.

The election was made unanimous.

Dr. Coburn moved that Drs. Chas. A. Bacon and H. M. Paine be added to the committee.

Dr. Bacon said he could not possibly attend to the duties. Dr. H. M. Paine was elected.

Drs. E. D. Jones, A. P. Hollett and Henry Minton were then elected members of the committee.

MEDICAL EDUCATION.

Dr. J. F. Gray was elected chairman for the ensuing year.

MEDICAL SOCIETIES AND INSTITUTIONS.

Dr. Waldo moved that Dr. A. P. Hollett be elected chairman of the committee for the ensuing year. [Adopted.]

HONORARY MEMBERS.

Dr. Sumner, chairman of the committee on Honorary Members, reported that there have been no nominations for honorary membership, and therefore he had nothing to report.

Subsequently the following nomination were made: Dr. J. L. Corbin, Athens, Pa.; Dr. D. B. Whittier, Fitchburg, Mass.; Dr. W. B. Chamberlain, Worcester, Mass.

These nominations having been reported favorably by the committee, they stand over until next year for election.

The President announces the following Bureaux:

Surgery.

M. O. Terry, M. D., Chairman, Utica.

Drs. Wm. Tod Helmuth, New York; J. C. Minor, New York; A. Varona, Brooklyn; E. Carleton, Jr., New York; W. M. L. Fiske, Brooklyn; Thos. D. Spencer, Rochester; C. L. Bagg, Wards Island, N. Y.; H. I. Ostrom, New York; John Butler, New York; L. L. Brainard, Little Falls; Geo. Allen, Waterville; Henry G. Preston, Brooklyn; H. C. Frost, Buffalo; Walter Y. Cowl, New York. With invited coöperation of Dr. N. Schneider, Cleveland, Ohio; Dr. S. R. Beckwith, Cincinnati, Ohio, and Dr. Rushrod W. James, Philadelphia, Pa.

Obstetrics.

A. B. Rice, M. D., Chairman, Panama.

Drs. S. P. Burdick, New York; C. Ormes, Jamestown; R. A. Adams, Rochester; J. L. Moffat, Brooklyn; W. N. Guernsey, New York; A. M. Piersons, New York; Robert McMurray, New York; E. S. Coburn, Troy; B. F. Williamson, Friendship.

Clinical Medicine.

H. L. Waldo, M. D., Chairman, West Troy.

Drs. A. S. Couch, Fredonia; A. R. Wright, Buffalo; E. Hasbrouck, Brooklyn; B. F. Joslin, New York; R. C. Moffat, Brooklyn; P. P. Wells, Brooklyn; Thos. Wildes, New York; E. Guernsey, New York; Walter Y. Cowl, New York; S. H. Carroll, Albany; Geo. E. Gorham, Albany; F. W. Ingalls, Kingston; N. B. Covert, Geneva; Geo. Allen, Waterville; M. L. Dowdell, Troy; F. W. Adriance, Watkins; J. T. Greenleaf, Owego; N. Osborne, Buffalo.

Materia Medica.

T. L. Brown, M. D., Chairman, Binghamton.

Drs. T. F. Allen, New York; O. Groom, Horseheads; W. M. Butler, Middletown; R. E. Miller, Oxford; G. W. Peer, Rochester; C. P. Cook, Hudson; Geo. B. Palmer, East Hamilton; A. P. Hollett, Havana; S. Talmage, Brooklyn; W. B. Kenyon, Buffalo.

Mental and Nervous Diseases.

A. P. Williamson, M. D., Chairman, Ward's Island, New York City.

Drs. S. H. Talcott, Middletown; S. Lilienthal, New York; H. R. Stiles, New York; W. M. Butler, Middletown; J. A. Rockwell, New York. Invited coöperation of Dr. J. M. Kershaw, St. Louis; Dr. T. S. Armstrong, Binghamton; Dr. E. P. Fowler, New York.

Gynæcology.

Alice B. Campbell, M. D., Chairman, Brooklyn.

Drs. Henry Minton, Brooklyn; H. D. Paine, New York; Catherine E. Goewey, Albany; J. G. Brinkman, New York; E. W. Rogers, Crystal Springs; Sarah J. White, New York; J. G. Bigelow, Syracuse; H. Amelia Wright, New York.

Department of Laryngology.

J. W. Dowling, M. D., Chairman, New York.

Drs. Clarence E. Beebe, New York; J. M. Schley, New York; Malcom Leal, New York; Geo. M. Dillow, New York; Chas. E. Jones, Albany.

Ophthalmology.

Geo. S. Norton, M. D., Chairman, New York.

Drs. A. E. Sumner, Brooklyn; C. Th. Liebold, New York; W. P. Fowler, Rochester; Chas. Deady, New York; Chas. C. Boyle, New York; A. B. Kinne, Syracuse.

Department of Otology.

F. Park Lewis, M. D., Chairman, Buffalo.

Drs. H. C. Houghton, New York; W. S. Searle, Brooklyn; S. G. Clarke, Brooklyn; F. H. Boynton, New York; Wm. E. Rounds, New York; W. P. Fowler, Rochester.

Pædology.

Anna C. Howland, M. D., Chairman, Poughkeepsie.

Drs. J. R. Strong, Fishkill; A. K. Hills, New York; A. P. Throop, Poughkeepsie; Chas. R. Sumner, Rochester; T. F. Smith, New York; St. Clair Smith, New York; C. M. Conant, Middletown.

Climatology.

B. L. B. Baylies, M. D., Chairman, Astoria.

Drs. J. S. Delavan, Albany; C. W. Boyce, Auburn; L. M. Kenyon, Buffalo; A. M. Woodruff, Goshen; Wm. Brinck, New York; J. C. Otis, Poughkeepsie.

Histology.

Chas. A. Bacon, M. D., Chairman, New York.

Drs. R. R. Gregg, Buffalo; L. B. Couch, Nyack; T. C. Fanning, Tarrytown; J. A. Bieglar, Rochester.

Vital Statistics.

Walter Y. Cowl, M. D., Chairman, New York.

Drs. F. W. Adriance, Watkins; W. W. Blackman, Brooklyn; C. Spencer Kinney, Middletown; H. M. Smith, New York.

Necrologist.

A. W. Holden, M. D., Glen's Falls.

REGULAR AND SPECIAL COMMITTEES FOR 1882.

Committee on Medical Ethics.

J. W. Dowling, M. D., Chairman, New York.

Drs. A. K. Hills, New York; Chas. A. Beldin, Jamaica.

Committee on Legislation.

S. H. Talcott, M. D., Chairman, Middletown.

Drs. E. D. Jones, Albany; H. M. Paine, Albany; A. P. Hollett, Havana; Henry Minton, Brooklyn.

Special Committee on Physical Diagnosis.

J. W. Dowling, M. D., New York.

Committee on Medical Societies and Institutions.

A. P. Hollett, M. D., Chairman, Havana.

Drs. E. Hasbrouck, Brooklyn; A. P. Williamson, New York, H. M. Paine, Albany; N. Osborne, Buffalo.

Committee on Medical Education.

J. F. Gray, M. D., LL. D., Chairman, New York.

Drs. S. H. Talcott, Middletown; E. M. Kellogg, New York; F. E. Doughty, New York; Chas. A. Bacon, New York.

DELEGATES TO OTHER SOCIETIES.

American Institute of Homœopathy.

Drs. T. F. Allen, New York; S. H. Talcott, Middletown; Wm. Tod Helmuth, New York; L. M. Kenyon, Buffalo.

Illinois Hom. Medical Society.

Drs. R. A. Adams, Rochester; W. H. Watson, Utica; C. E. Swift, Auburn.

Connecticut Hom. Medical Society.

Drs. L. W. Flagg, Yonkers; Henry Minton, Brooklyn; C. Spencer Kinney, Middletown; H. M. Paine, Albany.

Vermont Hom. Medical Society.

Drs. R. C. Moffat, Brooklyn; P. P. Wells, Brooklyn; T. F. Smith, New York.

Missouri Hom. Medical Society.

Drs. C. R. Sumner, Rochester; W. M. L. Fiske, Brooklyn; A. S. Couch, Fredonia; J. C. Minor, New York.

Iowa Hom. Medical Society.

Drs. D. L. Everitt, Brooklyn; R. R. Gregg, Buffalo; E. Guernsey, New York.

New Hampshire Hom. Medical Society.

Drs. A. W. Holden, Glen's Falls; Arthur T. Hills, New York; H. L. Waldo, West Troy.

Indiana Hom. Medical Society.

Drs. Thos. Wildes, New York; A. E. Sumner, Brooklyn; H. M. Smith, New York; H. D. Paine, New York.

Ohio Hom. Medical Society.

Drs. C. W. Boyce, Auburn; J. A. Bieglar, Rochester; A. B. Rice, Panama.

Maine Hom. Medical Society.

Drs. C. M. Lawrence, Port Jervis; C. Th. Liebold, New York; F. L. Vincent, Troy.

Massachusetts Hom. Medical Society.

Drs. E. M. Kellogg, New York; E. P. Fowler, New York; T. D. Bradford, New York.

Michigan Hom. Medical Society.

Drs. John S. Linsley, New York; B. F. Joslin, New York; A. M. Piersons, New York.

Minnesota Home. Mdical Society.

Drs. J. H. Demarest, New York; Wm. Brinck, New York; H. I. Ostrom, New York.

Rhode Island Hom. Medical Society.

Drs. A. P. Williamson, New York; C. Spencer Kinney, Middletown; Geo. B. Palmer, East Hamilton.

Kansas Hom. Medical Society.

Drs. H. R. Stiles, New York; J. Ralsey White, New York; S. Talmage, Brooklyn.

Wisconsin Hom. Medical Society.

Drs. E. D. Jones, Albany; M. O. Terry, Utica; L. B. Wells, Utica.

New Jersey Hom. Medical Society.

Drs. W. M. Butler, Middletown; E. Hasbrouck, Brooklyn; C. A. Beldin, Jamaica.

Pennsylvania Hom. Medical Society.

Drs. W. B. Kenyon, Buffalo; A. P. Throop, Poughkeepsie; O. Groom, Horseheads.

State Dental Society.

Dr. W. H. Van Derzee, Albany.

Resolutions.

Dr. Bacon offered the following resolution:

Resolved, That the Committee on Legislation be instructed to take measures to have the law, passed July 26, 1881, entitled: "An act to amend chapter 746, of the laws of 1872, entitled: 'An act relating to the examination of candidates for the degree of doctor of medicine,' repealed, so as to leave section 3, chapter 746, of the laws of 1872, as it was when originally enacted.

Resolved, That the committee be further instructed to put themselves in communication with the committee or committees of the Allopathic State Medical Society, which have these matters in hand, and coöperate with them in all proper efforts which they have in view to procure legislation which shall put the licensing of practitioners in medicine solely in the hands of the Regents of the State University.

In explanation of the matter to which I ask your attention, I would like to recall to mind the fact that in 1872, by the efforts of Dr. John F. Gray, of New York, a law was passed by the Legislature authorizing the

Regents of the University of the State to appoint examining committees for the State diploma of doctor of medicine. The scope of the examination so required by law included an examination in the therapeutics of each of the schools of medicine which are recognized by the State Boards; in other words, homœopathic, allopathic and eclectic. A candidate for the degree had to pass an examination in all three. There was an effort made last year by the old school to emasculate that law, and the attention of the Committee on Legislation was called to it last year, but they did not do anything. Last year the law was changed so that the candidate should be examined in that one which the candidate may elect. This relieved the old school society from examining candidates in homœopathic therapeutics, which was a stumbling block to them. The examination is a written one, and the record of the examination is filed amongst the papers of the Regents, and of course is open to any one to look at. It would not do for the examination to be anything but fair, and it would not do for the examination to display ignorance in the examiner. They therefore had this law passed, and I want to ask the Society to instruct the Committee on Legislation to see that the law is put back where it was. I think we may safely say that the fact that under this law it was possible for a homœopath to obtain a diploma directly from the State, and one which the State was bound to support, has driven the old school society into the steps it has been taking in regard to the licensing of practitioners in medicine. There are now before the Legislature two different bills brought by the old school, one of which is to make another provision in this law of 1872. (Bills read by speaker.) The object of these bills is simply to compel all who are hereafter engaged in the practice of medicine in the State to obtain a license to practice from the University of the State. These are matters of considerable importance, and it seems to me this Society ought not to allow them to be in the hands of the old school. I have therefore offered these resolutions.

The resolutions were adopted.

Dr. Paine: I have a resolution which I desire to submit:

Resolved, That the Committee on Legislation be hereby requested to prepare and endeavor to procure the passage, by the present Legislature, of an amendment to the acts of 1857 and 1862 incorporating County and State homœopathic medical societies, providing for regular membership therein by the constitution or by-law of said societies, for the purpose of enabling the said societies to admit to membership any or all of the homœopathic physicians in the State."

That resolution in substance was brought up last year and laid upon the table for one year, and I hope it may be adopted.

Dr. Hollett seconded the resolution, and it was adopted.

THE PROPOSED CHANGE IN THE CONSTITUTION.

Dr. Paine: There was one matter acted upon yesterday, and I believe lost, so I am informed, and that is with regard to exempting members who have paid dues twenty-five years. I gave notice of an intention to offer a resolution at this meeting to that effect, and was not present at the morning session, but understood the resolution was voted down.

President: If it could have been amended, it would have been adopted. If you will amendso that it shall include those who have paid it their dues for twenty-five years, it could be heard next year. At present it is beyond reach.

Dr. Bacon: The motion was to exempt those who had been members twenty-five years, not those who had paid their dues for that time.

Dr. Coburn: Dr. Paine knows there are members who have been members nearly twenty-five years and paid no dues, and for the purpose of putting us square we voted it down, because a member who had paid dues for twenty-five years would be in no better position than one who had not paid any dues.

Dr. Hasbrouck moved to reconsider the subject. [Adopted by 10 to 8.]

Dr. Hasbrouck then moved to amend by providing that those members who had paid their dues for twenty-five years should be thereafter exempted from the payment of dues.

Dr. Paine seconded the motion.

Dr. Bacon said the Society only dated back to 1862, when it was organized, and they had several years before them in which to consider the question. He therefore moved to lay the matter on the table.

Dr. Paine said his proposition was intended to reach the whole membership of the Society from the beginning. It was organized in 1850, and the names of the members stand on the records from the beginning. There was no difference between the members of the old society and those of the new. He had noticed, during the past five or six years, that applications had been made to remit dues, and in that view it would be well for the Society to adopt some rule which would govern that matter. There were old physicians on the list who would be glad to retain their membership, but did not want to pay dues. If they had paid twenty-five years, there was no reason why they should not be excused from further payment. The only object he had was to relieved physicians from constant dunning when they were unable to pay.

Dr. Coburn said he knew of only two instances where the dues had been remitted, and that was on account of the extreme age of the applicants. I know one member who says he won't pay any dues because the Society never did him any good.

Dr. Kellogg: In order to enable me to vote intelligently on the question, I would like to have a statement from the Treasurer as to what difference it will make in the receipts of the Society. The Society is not rich, as I understand it, and this will cut off a certain portion of the income, and may interfere with the working of the Society.

Dr. Coburn: I have no record here, so that I could tell who were members of the Society in 1850 or back of 1862, so as to cover the twenty-five years' time, but my impression is it will cut off a large revenue, and we are not in any condition to have our revenue cut off.

The motion to lay on the table was adopted.

SEMI-ANNUAL MEETING.

Dr. Hollett: We should decide where we will hold the semi-annual meeting.

Dr. E. W. Bryan invited the Society to Grove Spring, on Keuka Lake, and said there was ample provision for their entertainment, the location was pleasant and easy of access, and a steamboat would be almost constantly at the service of the visitors, who could have pure spring water and sparkling wines to their hearts' content.

Dr. Hasbrouck inquired if any other invitation had been received?

President: Poughkeepsie and Grove Spring were the two places named.

Dr. Hasbrouck moved that the Society hold its next semi-annual meeting at Poughkeepsie. [Adopted.]

Dr. Hasbrouck: I now move that the time for holding it be fixed for the second Tuesday in September. [Adopted.]

CHANGE IN BY-LAWS.

Dr. Waldo offered the following amendment to the by-laws, to admit those who might be qualified under Dr. Paine's resolution, directing the committee on legislature to secure an amendment to the statutes regarding membership in the Society.

AMENDMENT TO BY-LAWS.

Resolved, That Section 9, of the by-laws, be amended so as to read as follows: Any legally qualified physician may be elected a member of this Society upon written recommendation of three permanent members. The name of the candidate with his recommendations shall be presented at an annual meeting and shall lie over for one year, and be referred to the Board of Censors for approval. Those physicians recommended by the Board of Censors shall be balloted for, and all who receive a majority of the votes of the members present shall be declared elected. When the application is presented, the candidate shall sign the following statement: "I request membership in the Homœopathic Medical Society of the State of New York, and I agree, if elected, to pay my annual dues to the Society. I hereby acknowledge that I believe in the law *Similia, Similibus Curantur.*"

Dr. Kellogg thought the discussion out of order as the law was not passed.

Dr. Hollett said it was proposed to make the change in order to meet the passage of such a law. If it never becomes a law there would be no change in the by-law as the amendment would not be in accord with the statutes.

The amendment was then adopted.

Dynamic Medicine.

Dr. H. M. Paine in presenting the following resolution, stated that it had been offered at two previous meetings, and lost, at the last by only two votes:

Resolved, That there be established a department of Dynamic Medicine, the members of which shall be annually appointed in the same manner as those of other similar bureaux, to which shall be referred all reports of cases presented to the Society, or gathered from other sources, alleged to have been cured by attenuations higher than the twelfth potency.

Dr. Brown offered the following amendment:

Resolved, That homœopathy is neither small or large doses of drugs, but means the use of a drug in strict accordance with the law of *similia*, and any attempt to limit the size of the dose by a resolution, or a vote of the Society, is tyranical, contrary to the golden rule, injurious to natural medical progress, and ignores common experience and test by demonstration.

Dr. Paine stated that the amendment offered by Dr. Brown is evidently based on a misconception of the object designed to be accomplished by the original resolution. He denied that, in its construction or application, it would in the least degree "limit the size of the dose," unless separating that which is truly homœopathic from that which is dynamic or non-homœopathic is susceptible of such a construction. A considerable proportion of the membership of this Society believe that dynamic practice is non-homœopathic. The resolution is intended to embody this belief in the form of a declaration; it constitutes therefore, simply an expression of an opinion as to what is homœopathic practice and what is non-homœopathic. It will be perceived that the resolution does not "limit" the homœopathic dose; it *defines* it. The charge that the provisions are "tyranical" or "contrary to the golden rule" utterly fails, for the reason that it is a resource which a majority of the membership has an unquestioned right to exercise. The question is wholly one of expediency.

I would inquire, what possible harm can come to homœopathy by the proposed classification? The resolution provides for the erection of a nominal standard, below which all the members of the Society can consistently unite in claiming that treatment is presumably homœopathic, but beyond which there is every reason for the belief that that which is assumed to be homœopathic is only the rankest empiricism.

Let these spurious clinical cases be put in a class by themselves. Let the light of homœopathic truth shine on them. An increase of the right kind of evidence showing the true inwardness of these nondescript cases is needed. By placing them in a class by themselves the way will be prepared for obtaining the requisite proof of their homœopathicity. We now have no adequate proof that these cases have any relevancy whatever to correct homœopathic practice. I have no hesitation in stating that *no conclusive evidence has ever been furnished showing the homœopathic action of high potencies.* If the cures by high potencies are homœopathic, the proposed classification cannot be considered derogatory to the membership of this Society; but if they are not homœopathic, how much better it will be for the honor and dignity of our Society to adopt the safe and prudent course provided by the resolution!

Dr. Groom: As I have been a sustainer of the law of similars for a number of years, I would like to express my approval of the amendment. I fully concur in Dr. Paine's sentiments so far as the remedial effects are concerned. I am not fully convinced of the efficiency of high potencies. I agree so far with the gentleman who presented the resolution, but I have been so long with the old school who said there was nothing above the second or third, that when he gets up to the twelfth, which is incomprehensible, and asks us to stick a pin there, and say previous to that it is homœopathic and beyond it is dynamic, I can not consent to it. I

can not stick a pin at any point, for many of you do not believe it is dynamic, and certainly I do not. I was taught in boyhood in philosophy that a grain of musk might be placed in a room and there remain for a number of years, and very misterious to me the sense of smell could detect it during the time, and by no test which could be made could it be detected that a single atom was gone, and when I see a fact presented to my mind, I am bound to give it some credence. We know the polecat has little oder, yet she will scent a mile around for weeks, although she emits mother tincture about the size of a goose quill. I tell you, you can not tell why these things are.

Dr. Paine, in reply, stated that the instance which the doctor had cited were unquestionably evidence of minute divisibility of matter, and being *material* they have no bearing upon the question at issue. We are prepared to go to the remotest extreme in the direction of division of substances, provided it is demonstrable that matter, however minute in quantity, is present. It is true that the instances adduced show astonishing minuteness, no greater however, than is probably attained at the sixth or seventh potency of any homœopathic remedy.

In order to fix a limit at a point beyond the possibility of further material reduction, the twelfth is named as the probable point, at least as near as may be, where materialism ceases, the termination, in opinion, of homœopathic action.

The fixation of a supposed limit of presumed homœopathic action is essential to the furtherance of the object designed to be promoted, which is the advocacy and advancement of materialism as opposed to medical spiritualism or dynamism so-called. The resolution aims at the elimination from the tenets of our school, the false theory that *homœopathic curative force* can be developed by agitation of medicinal and non-medicinal substances and imparted to a medium presumed to be inert. The presentation of this resolution may be considered a movement in behalf of sound conservatism, as against a form of radicalism which is sapping the life-blood of homœopathy. Its object is two fold; (1st.) The advocacy of the theory of the *small dose*, which is reasonable in theory, and fosters a sound and rational method of homœopathic practice, one that will be generally approved and adopted by the entire medical profession; (2d.) Opposition to the *minimum dose*, which is based on the false hypothesis, assumed by Hahnemann and inculcated and practiced by some of his followers, that homœopathic curative force and so-called dynamic force, awakened by the simple manipulation of medicinal and inert material, are substantially identical; a theory which is rediculously absured, unsound and unphilosophical in principle, contrary to all known laws of physics and physiology, has never yet been proven true in practice, although applied in hundreds of thousands of cases during the past fifty years, and is constantly detrimental to the homœopathic system of practice. For these reasons we advocate the proposed classification.

A motion to table the resolution was adopted by a vote of thirteen to seven.

The Case of Dr. Guy.

Dr. Adams presented the report of the special committee to whom

was referred the appeal of Dr. S. S. Guy from the action of the Kings County Homœopathic Medical Society.

1st. The history of the case covers, in the Kings County Society and in the courts, the period between May 18th, 1877, and July 27th, 1879; and, in this Society, from the annual meeting two years ago to the present time. Your committee do not deem it expedient to make a long report, but will briefly state that Dr. Guy does not question the authority of the Kings County Society to discipline its members. That right is secured by Part II, Article 1, of their Code of Ethics.

2d. The Kings County Society does not question Dr. Guy's right of appeal to this Society that is secured by the laws of the State, Revised Statutes of the State of New York, 2d Vol., page 491, Section 37.

3d. The claim made by the Kings County Society is that Dr. Guy did, by publishing and issuing a certain print, (book, circular or pamphlet,) violate the Code of Ethics of said society, and that they tried and justly expelled Dr. Guy, and submit that their action was sustained by the decision of Judge Williams, who refused Dr. Guy's application for a *mandamus* to compel said society to re-instate him.

4th. On the other hand Dr. Guy claims that he did not consider or use said publication as an advertisement, and further that he was not fairly tried.

After a careful consideration of the case with all of the facts presented, it is the opinion of your committee that, *technically*, the proceedings of said society were correct and legal, *if* it be decided that said publication is an advertisement, for upon that point hinges the whole case and its solution decides. We respectfully submit it for your consideration; and, in order to get it squarely before the Society, the committee will say that in their opinion it is an advertisement.

S. H. TALCOTT,
R. A. ADAMS.

Dr. Coburn moved that the report be received. [Adopted].

Dr. Kellogg moved the adoption of the report.

Dr. Guy said he had but a very few words to say in regard to the subject, and had no wish to indulge in personalities. He had no wish to present himself as a suppliant for favors, nor did he ask anything more than belonged to each individual member of the Society. The question turned upon the single point whether or not that little pamphlet was an advertisement, in the sense in which it was assumed to be by the Kings County Society. The Code of Ethics of the Kings County Society was advisory, and not law in the common acceptation of the term. It provided that a physician should not resort to public advertising or private cards, or handbills inviting attention of persons by their face, &c. Now the question arose whether his little book was a public advertisement in the common acceptation of that term. If it were, then every pamphlet by every physician on a single case or on any particular remedy or remedies, referring to its power and utility in the treatment of certain cases, is an advertisement. Dr. Butler published a pamphlet on his magnetic treatment, stating how he did it, and this book was handed to people, but the Kings County Society did not notice it. Another member of that society went so far as to report a case to the society, and went to the editor of a very largely circulated paper and requested him to publish it for

her use in his paper. Twenty or thirty thousand copies were published, and the result was, her practice was largely increased. No attention was paid to that, although it was an advertisement in the strict sense of the word, and I have seen writing from the physician herself, stating that the advertisement built up her business. The Kings County Society was now stultifying itself, crowding him individually to the wall, and leaving others with full license to do as they pleased, and he had a right to feel hurt about it. His pamphlet was never used as an advertisement and was never scattered broadcast, and was never handed to any one unless inquiry was made for it, and it was then handed solely for the purpose of informing the person as to the nature, quality and characteristic of the thing proposed to be used, and its usefulness in certain cases. If that be an advertisement, then all the means used for giving notice to the public, of a good thing, was an advertisement. It was no secret nostrum, and he was perfectly willing to tell them how it was made. They might question its efficacy, and criticise it and pull it to pieces, and he cared nothing about that; but that did not make it an advertisement. In the trial of the case before Judge Neilson, the court did not pass upon the question whether or not it was an advertisement, but said the law gave each county society the right to deal with its own members, and he confined himself simply to that part of the law. He had the right of appeal from the action of the King's County Society to this body, and had availed himself of it. He was not aware that this Society had any power to enforce its edicts against the Kings County Society, nor did he care, but he desired the Society to decide whether that pamphlet was an advertisement or not. If they found it was an advertisement, they should say so. General Tracy, his counsel, raised the question that it was not an advertisement, because it was not circulated, but simply handed to persons for their information the same as any other work; but Judge Neilson did not pass upon that point. It was thus left for this Society to adjudicate, and with their decision he should be satisfied.

Dr. Hasbrouck: I have very little to say on this subject. I stand here as President of the Kings County Society, and under me some of this action was begun. I also stand here as the friend of Dr. Guy during nearly the whole of this matter. He is my neighbor, and lives in the same ward with me. I have the highest respect for him as a gentleman and as a physician. I do claim, however, he advertised himself in issuing that pamphlet. A man is not apt to sit down and write an article, describing the curative effect of a drug, and attach to it his name, residence and office hours, unless he means business. As to the other matter he brings up in regard to Dr. Butler, that I know nothing about. No charges were brought against him. Dr. Guy was cited twice before the Society on this matter. The first time he was excused after deliberation; and then, when the same person found that Dr. Guy had issued a single pamphlet to a person who was in ill health, he brought it up again and made charges, and on them Dr. Guy was expelled. He took it to the court. My opinion differs with his when he says Judge Neilson did not decide it was an advertisement. The book is certainly a long article explaining the use of the oxy-nitrogen compound, and attached to it his name and address. If that is not an advertisement, then I do not know what is.

Dr. Guy: If it be an advertisement, then every physician advertising his name and office hours does the same. A great many physicians who practice in a specialty, issue cards announcing that fact, and it is perfectly proper they should, so that people would know where to go. Besides that, at the end of the pamphlet I call the attention of physicians to it, and tell them where to go and examine it. I wished them to come and examine it, for it is no uostrum. I did not intend to say a word about the trial. I will say I do not feel that I ever did have a trial. I was cited before the Society, but there was no evidence taken and no person testified that I had given him a pamphlet. I do not know who received it, and they refused to give me his name so that I might examine him. If that is a trial, I do not know what a trial is. I call a trial, where the accused has the witnesses brought before him, and has a chance to examine them.

Dr. Hasbrouck: I have no desire to continue the argument. I say that Dr. Guy was requested to state to the Society the formulæ under which the oxy-nitrogen compound was made, and he refused to do so.

Dr. Guy: No, sir. Dr. Wells asked me: "What is it?" He asked it in a sneering way, and I felt it was an insult. I returned an answer in accordance with his request, but I never refused to tell what it was.

Dr. Hasbrouck: I think the question is, did Dr. Guy, in issuing the book, violate the Code of Ethics that governs this Society, the Kings County Society and the American Institute? The next is, is the book an advertisement?

Dr. Talcott: The committee has expressed the opinion that the pamphlet is an advertisement. If a physician writes an original essay and puts it in pamphlet form, explaining something new and good, that would not be considered an advertisement in my opinion. This is not an original essay. It is a copy in part from Drs. Starkey and Palen's work, entitled "Compound Oxygen, its Use and Results." I have compared the two books and find the small one is made up of extracts of the book of Starkey and Palen, and on the ground that a person takes the works of others, puts it in covers and puts his name on it, apparently for the purpose of directing attention to the particular form of treatment, such a procedure, it seems to me, should properly come under the name of advertising. In this pamphlet the compound is not explained, for it is not explained how much oxygen or nitrogen there is in the results. It simply tells the public the beneficial effects produced by the use of it, and it was upon the grounds I have stated that we expressed the opinion it was an advertisement.

Dr. Adams: Dr. Guy says no witness was present, and he had no opportunity to examine them. On looking over the report, it seems there was a witness called and he testified to receiving the pamphlet, but Dr. Guy did not cross-examine him, because he did not attend the meeting. He can, perhaps, explain why.

Dr. Guy said he did not consider it a proper legal proceeding against him. The Kings County Society had no business to refer it to a committee; he had a right to be tried in the open society by his peers, and he had called for the witness repeatedly, but it was a star chamber committee and he did not consider it proper to go to it. He considered he had rights of a higher character than that. If he had not, he did not

know what rights were. The committee had expressed its opinion honestly and uprightly, and Dr. Talcott had explained the reasons which actuated him, but in his view they were not sound. He denied that the pamphlet came under the head of an advertisement.

Dr. Talcott: There is one thing I think we ought to say for Dr. Guy in this matter. While the decision of the society came about as it did, and the report of the committee is as it is, I think it is proper to state in regard to the charge against Dr. Guy after he had been admonished once only by the society to refrain, there is only a single instance where he is charged with using any of those pamphlets, or giving them away or using them as an advertisement. The evidence on that point is not very strong or cumulative. It is strong enough in the individual instance, I presume, but it does not show to my mind that he was engaged largely in the work of distributing that work as an advertisement when he had charges presented against him in the Kings County Society. It is also apparent that he is a man of some years. It is well to remember that Dr. Guy has been honored with the Presidency of this Society in times past. He has been President of the American Institute of Homœopathy, and has been a strong, earnest worker in the cause of homœopathy for many years. These things should all have their due weight, and while we wished to sustain the action of the Kings County Society, believing it to be legal, yet there are these extenuating facts I have named.

Dr. Hasbrouck: In regard to the use of cards by ophthalmologists and other specialists, that is considered proper, providing they stick to their specialties; but if they do not confine themselves to that, it is not proper. The gentleman to whom this book was issued, I have never met the man, but have reason to believe he is one of the first citizens in Brooklyn. It is John P. Atkinson, one of the directors of the Brooklyn Hospital.

Dr. Guy: I am positive I never gave it to him. He is my personal friend, and I know as a fact that I never gave it to him.

The report was then adopted. Ayes 15, noes 0.

Dr. Talcott: I now move "that we affectionately recommend the brethren of the Kings County Society to reconsider the case of Dr. Guy in their own society, and to extend to him, so far as possible, any leniency which they may deem wise and proper." It is simply a recommendation, and of course the Kings County Society are not obliged to abide by the resolution. [Adopted.]

Recess until 3 P. M.

AFTERNOON SESSION.

The Society resumed, pursuant to adjournment, at 3 P. M.

The Committee on President's Address presented the following report, which was adopted:

The Committee on the President's Address have simply to submit their approval of the resolution presented by Dr. Couch, at the meeting last evening; and, in addition, advise the endorsement of the general recommendations contained in the Address, and to further offer the following

resolution: That the remarks of the President at the opening of the session, yesterday morning, be approved and printed with the Annual Address and Dr. Helmuth's Poem.

J. H. DEMAREST,
R. A. ADAMS,
A. C. HOWLAND. [Adopted.]

Dr. Hollett moved that a copy of the Transactions be given to each county society that hereafter pays its dues, for delegates, to the Treasurer. [Adopted.]

Dr. Paine drew attention to the fact that the old school society had appointed a committee to revise its Code of Ethics, and moved that this Society appoint a similar committee of three, so as to make the code of the two societies conform as nearly as may be, said committee to report next year. [Adopted.]

Report of the Bureau of Climatology.

Dr. Beldin said he had received communications from many of the members of the bureau, but had only received one paper. Dr. McNeil, of New Albany, Indiana, had sent him a long paper on "Malaria." Papers on "Pollenaria" and "Some Other Causes for Intermittents than *Malus Aer*," by Dr. Beldin, were read.

The bureau was closed, and Dr. B. L. B. Baylies was elected Chairman for the ensuing year.

Report of the Bureau of Gynæcology.

Dr. Howland presented the report, and Dr. T. L. Brown read a paper on "The Female Constitution as Influenced by Respiration."

Dr. Howland drew attention to difficulty experienced in treating membranous dismenorrhœa. Some of the cases reported seemed to be and might have been a condition which resulted in early abortus, and caused a great amount of pain. In the case referred to nothing of the kind had occurred. The patient had been under treatment for the past six years, although for no great length of time at any one time, as she resided in the country. At her periods she has discharged large quantities of membrane which comes from membranous dismenorrhœa, resembling the inner layer of an egg shell. The pain has been less of late, but the quantity of membrane thrown off has been as great. Dr. Howland inquired if any one could tell what the condition of the system was which produced this membrane at every period, which must be cast off with so much pain? What is of more importance is, what will cure it?

Dr. Brown said he treated a case with Thuya, and apparently it was cured up to this date. The treatment lasted four months. It was very difficult to get all the symptoms of the patient, but he found Thuya to more nearly correspond to the symptoms.

The bureau was closed and Dr. Alice B. Campbell was elected Chairman for the ensuing year.

Report of the Bureau of Pædology.

No report, and Dr. Howland was elected Chairman.

Report of the Bureau of Obstetrics.

Dr. A. B. Rice presented two papers. "Abortion and Premature Labor; Definition, Importance, Ætiology, Diagnosis, Prognosis and Symptoms," by A. B. Rice, M. D. "Treatment of Abortion and Premature Labor," by A. P. Hollett, M. D.

The bureau closed and Dr. A. B. Rice was elected Chairman.

State Board of Health.

The Secretary reported that Dr. Delavan was confined to his house with sickness, and there would be no report.

Report of the Bureau of Ophthalmology.

No report. Dr. Geo. S. Norton was elected Chairman for the ensuing year.

Report of the Bureau of Otology.

The Secretary said he had received two papers for this Bureau, which were read by title as follows: "The Aural Speculum," by F. Park Lewis, M. D. "Middle Ear Catarrh," by Dr. J. H. Buffum, of Chicago.

The bureau was closed and Dr. F. Park Lewis was reëlected Chairman.

Report of the Department of Laryngology.

No report. Dr. Dowling reëlected Chairman.

Report of the Bureau of Histology.

No report. Bureau closed and Dr. Jones elected Chairman.

Report of the Bureau of Vital Statistics.

The Secretary said he had two papers on vital statistics, one by Dr. A. W. Holden, on "History of the Rise and Progress of the Oriental Plague," and one by Dr. E. M. Kellogg, on "Some Indications from the Mortuary Experience of the Homœopathic Mutual Life Insurance Company." The Secretary read the following paper by title: "Life and its Renewal; Has Alcohol any Power to Restore an Injured Life?" by Dr. Robt. Boocock.

Bureau closed, and Dr. Walter Y. Cowl was elected Chairman.

Committee on Medical Education

No report received. Dr. John F. Gray reëlected Chairman.

Committee on Medical Ethics.

The President announced, as the Committee on Medical Ethics, Drs. J. W. Dowling, A. K. Hills and A. C. Beldin.

President: I desire to express my personal thanks to the Society for the earnestness with which they have supported my efforts during the past year; for the large number of papers which members have prepared, and for the quiet and good order which has prevailed throughout the meetings. Some of the meetings have been protracted and rather tiresome, and yet members have paid strict attention to the work in which the Society was engaged all the time, and the duties of the President have been much lightened. I hope

the Society will sustain and encourage the incoming President, and treat him with the kindness and courtesy which is his due, and with the same great kindness and courtesy with which the Society has treated the outgoing President.

A vote of thanks was then passed to the officers, and to the New Capitol Commissioners for the use of the room.

Adjourned. A. P. HOLLETT, Recording Secretary.

III.

Annual Address.

BY SELDEN H. TALCOTT, M. D.

Fellow Members of the Homœopathic Medical Society of the State of New York, Ladies and Gentlemen:

At the very outset of this address I desire to express my profound gratitude to this Society for the high honor, unexpected and undeserved, conferred upon me one year ago by an election to the most exalted position this organization is able to offer any one of its members. I should be false to the commonest impulses of nature if I failed to make earnest acknowledgement of my lasting indebtedness to you, my confreres, for your kindness. While the election was unsought for on my part, it was yet a grateful token of the confidence you repose in one who, though young, has yet, to the best of his ability, for seven years, upheld upon the forefront of public activity the banner of our benign and glorious cause.

The work to which I have been called has been arduous and unremitting; and only the consciousness of right, and the cheering fact that my brethren in the profession were warmly and ably sustaining me, could have held me steadfast and unmoved in the presence of those responsibilities and dangers which belong to the several posts I have occupied. And you may rest assured that I shall bear with me through the coming years, that may be allotted to my earthly existence, a constant sense of deep and swelling obligation to the members of this Society, for the kindness and encouragement, as well as for the honors they have so graciously heaped upon me.

In closing a year of service in your behalf, it is expected and required that we shall address you upon some point or points of vital interest to the profession. Such an address must necessarily be brief, and in it one can give but a very general outline of the topic selected for discussion. To insure comprehensiveness, however, if not minuteness of detail, I have chosen for my theme on this occasion: "The Past and Present of Medicine." My subject is selected with a view of adopting the injunction of the Irishman at Donnybrook Fair: "*wherever* you see a head, hit it." No head of wrong need hope to escape by reason of the narrowness of my theme! But I wish to offer my audience a word of sustaining comfort. Our lives are

ordinarily limited to three score years and ten; in this address, therefore, I shall only seek to present a view of medicine from some of the century peaks of observation, and leave at least half your life time for some other form of amusement!

We shall refer briefly to the origin of medicine, to its stagnant state for many centuries, and to the blind fumblings of its amaurotic devotees, that we may gain a truer appreciation of the gorgeous glories and rare illuminating powers of that sun which dawned at last upon a suffering world—the sun of homœopathy.

It is recorded that medicine had its origin in Egypt—fitting birthplace for a mythical and uncertain art—and for many centuries it seems to have worn the sable swaddling clothes of mystery, superstition, and bigotry, in which it was first enwrapped. No star heralded its coming, nor guided its onward march; but a pillar of cloud, Cimmerian in its blackness, seems to have been its guiding genius through long and weary ages. But the spirit of Ulysses stirred at last the heart of the healing craft. Medicine burst the bands of infancy, left her early home, crossed the narrow straits of the Mediterranean, and her disciples trod with pride the streets of Athens. From the strange lore of mythology we learn that the first representative of therapeutics in Greece was Chiron, who is described as a centaur, half man and half horse. Æsculapius, a wise and good philosopher, and the reputed father of medicine, first learned the secrets of his noble art from this complicated man and horse doctor.

From Æsculapius the practice of healing was transmitted to descendants, styled Asclepiadæ. These officiated as priests in temples where the rites and ceremonies of medicine craft and priestcraft were performed in common for the benefit of the sick in body, and the sick in soul.

The methods of the Asclepiadæ consisted in producing certain effects upon the patient's imagination by means of incantations and exorcisms. (So we see that sugar pills have not always been the sole means for promoting cures by faith!) To these spiritual influences were added topical applications in the form of "ablutions, bandages, fomentations, ointments, mechanical supports, balsamic and astringent herbs." Here we find for the first time in history the heroes of *external* treatment.

For centuries following Æsculapius and his disciples there was not even the progress ordinarily incited by competition; but at length the medical world was rent in twain by two factions—the Dogmatists and the Empirics. One sect professed to unite reason with experience; the other was guided solely by facts and observations.

Finally there arose a new "father in medicine, in the person of Hippocrates, the Sage of Cos." He was the author and advocate of what has been styled a rational empiricism. From him originated the doctrine of a humoral pathology, and the idea that the fluids of the body formed the abiding places of disease. Blood, phlegm, bile and black bile were designated as the true pathological strongholds. Hippocrates also enunciated the doctrine of crises in acute disease. This famous physician likewise foreshadowed in a dim, conjectural way the law of similars, as his own writings, and those of Herodotus attest. But he did not understand in full nor come to utilize the law.

The treatment of patients adopted by Hippocrates consisted mainly in

the administration of purgatives, sudorifics, diuretics, and injections. He also employed bleeding, issues, ointments, plasters, and liniments.

The teachings of Hippocrates wore so satisfactory to his blind and willing votaries that medical progress halted again for hundreds of years. Finally the Ptolemies founded a medical school at Alexandria, about three centuries before Christ. It was here that the bodies of criminals were first dissected for purposes of physiological and pathological research; and it was here that Herophilus studied the action of the heart, and gave to the world accurate descriptions of the different varities of pulse.

The science of therapeutics faded from Egypt, and both literature and medicine declined in Greece; consequently the disciples of the healing art were forced at last to establish themselves in the growing republic of Rome. It is interesting to note, however, that during the robust, youthful days of Rome, while she was actively developing through conquest and in the grim crucible of war, she kept herself free from the greater dangers of medical experiment; and for six hundred years lived and flourished without a physician in all her broad and growing realms. As a just retribution for such unpardonable slights put upon the profession we see at last the inhabitants of the Eternal City assailed by that prince of heroic practitioners, the pompous pretender, Thessalus, who modestly entitled himself the "conqueror of physicians." Of course he conquered the common people, for he might fittingly have been ranked as a "coparcener" of Death. Not content with correcting, regulating, and removing morbid actions and symptoms, after the plan of Hippocrates, he believed in producing an entire change in the state of the body; and upon his practices and beliefs, in large degree, was founded the use of massive doses, and the doctrine, "*contraria contrariis curantur*"—a doctrine which unfortunately prevails, in some parts of the world, down to the present time.

Again another sect arose—the "Methodics"—who held that in the solids was to be found the primary seat of disease. This was the sect that opposed the doctrine of a humoral pathology as promulgated by Hippocrates. Then came the Pneumatics and Eclectics. Anon, Celsus and Galen vexed the world with their prolix wisdom, and metaphysical speculations. The two hundred treatises of Galen, upon medical topics, were more than even Gladiators could endure, and the Roman Empire began to decline. Science and literature passed into the limbo of decay. The world grew weary from over drugging, and only revived after a lethargic sleep through the long drawn darkness of the middle ages. What wonder that consumption of dynasties should supervene, when, at that period, we find Scribonius Longus casting into the witches pot of Pharmacopiea *sixty-one* of Nature's most fatal drugs; under the vain delusion that he could ladle forth an unfailing panacea for the healing of the nations? As a fitting basis for this deadly compound, you will remember that he used the dessicated flesh of poisonous vipers. What wonder that the cruel nature of Nero should grow fat and fiendish under the influence of such medicine when he had gout or dyspepsia!

About the year 1,000, A. D., Avicenna, an Arabian physician, revived interest in medicine by the brilliance and force of his medical writings; and his works became text books for students throughout Arabia and even in Europe for several generations.

From the twelfth to the fifteenth centuries the practice of medicine was relegated to the hands of monks, who drew their resources for healing largely from magical arts, and astrological superstitions. Black lettered alchemy flourished at this period; and its devotees sought not only to transmute the baser metals into gold, but to prepare a medicine that should cure every known disease. But alchemy was succeeded by chemistry, and the chemists, so called, became rivals of the Galenists in the medical world.

The sixteenth century was marked by the advent of Paracelsus, the "Prince of Empirics." His chief remedies for all diseases were: Mercury, Antimonium and Opium—remedies which, until recently, formed the sheet anchors of allopathic practice. About the middle of the sixteenth century we observe Vesalius prosecuting with unwearying assiduity his anatomical researches. Following came Eustachius and Fallopius. These laid the foundations for that practical understanding of the component parts of the human body, which is so essentially necessary to a thorough knowledge of physiology and pathology.

During the seventeenth century the sciences of anatomy and physiology made commendable progress. Harvey discovered the circulation of the blood; Asseli, Rudbeck and Bartholin traced out the absorbent system; and Malpighi, Hooke and others explained the structure and functions of the lungs. Boyle likewise, "disengaged chemistry from the mystery by which it was surrounded, and explained its true province to be, not the manufacture of solid gold, nor liquid nostrums, nor gaseous theories, but an investigation into the change of properties which bodies experience in their actions upon each other.

But in spite of the progress made in chemistry, physiology, and anatomy during the seventeenth century, medical philosophy remained, Prometheus-like, bound to the craggy doctrines of Hippocrates. Indeed, Sydenham, the renowned Englishman, believer in chemistry and student of anatomy though he was, accepted with fidelity the views concerning disease which the "Sage of Cos" had promulgated 3000 years before. And this too without marked modification or improvement.

Floating in the wake of the leaders of a humoral pathology we note the Fermentationists, the Mathematical Physicians, the Vitalists, the Solidists, the Semi-Animists, and the Metaphysical Physicians.

During the early part of the eighteenth century the roster of medicine was adorned with such names as Bœrhave, Stahl, Hoffman, Van Sweiten, Haller, Zimmerman, William Cullen, VanHelmont, Bonet, Mangel and Val Salva. These men groped among the dark chimeras of the past; formulated various and conflicting theories; sought to interpret the mysterious *vis medicatrix naturæ*; and pursued with scholarly eagerness the intricate study of pathological anatomy. Their attainments in learning; their honesty of purpose and marvellous enthusiasm; their self sacrificing devotion to a grand and noble work, are deserving of abundant and enduring praise. But these distinguished physicians failed to discover that final and comprehensive law of nature, which has since become a veritable "philosopher's stone" in the treatment and healing of the sick. The times however were ripe for a benificent change, though darkness still covered the land, and overhung the seas,

throughout the realms of Therapeutics. Yet the spirit of truth was moving upon the waters, and light was slowly though almost imperceptibly creeping up the hill tops. The embattled hosts of erratic bigotry were contesting, with bitter persistence, the onward march of progress; and the legions of false tradition were making a last desperate stand against the raising spirit of new discovery. The hopes of the suffering—of those who were pinioned to iron beds of pain by the poison tipped arrows of old empiricism—hung trembling in the balance. At length a brilliant genius, Samuel Hahnemann, rose like a giant from the ranks of the people, seized this stupendous inert mass of antique theory and uncertain conjecture and hurled it into the yawning gulf of honest condemnation; he pointed out the folly of old time methods of treating the sick by rash and blindly heroic means; he proved the powers and actions of drugs upon himself, ere he ventured to administer them as medicines for the sick, and discovered in full their scope and temper before he applied them in disease; he bridged the chasm between the old and the new with a structure of incontrovertible and scientific experiment; he covered Europe with the evidences of his marvellous medical skill; swept back the tide of long and bitter persecution by the sublime triumphs of his art; kept up the glorious carnival of his successful practice until he was crowned with surpassing honors in Paris; and he rested not from his labors until, by the grandeur of his achievements, the city of Leipsic, from which he had been driven as a fugitive and vagabond, felt impelled to erect a stately monument to his name—a monument that remains unto this day as a fitting memorial to his magnificent and imperishable memory.

All honor to Samuel Hahnemann, the Palinurus of modern medicine, who piloted his companions and followers into the safe and pleasant ways of homœopathy, before he himself was finally wafted out upon the shoreless sea of eternity.

And now let us turn our attention to a brief consideration of medicine as enunciated by the "Sage of Coethen." We ask this not with the expectation of leading you into fields that are new, and hence full of luxurient verdure; but with the idea of inclining your minds to a re-contemplation of familiar but wholesome truths.

Daniel Webster once said: "When the mariner has been tossed for many days, in thick weather, and on an unknown sea, he naturally avails himself of the first pause in the storm, the earliest glance of the sun, to take his latitude, and ascertain how far the elements have driven him from his true course." In imitation of the wise sailor let us take anew our bearings, after having experienced the storms of disasterous discussions upon the vexed and unsettled questions of "potency" and "dose!"

You all understand the theory that "like cures like," and believe in it; and a further discussion of it would be like the demonstration of an axiom, a trite and useless procedure. We prefer to discuss the master's idea of medicine, the toils and trials and misrepresentations he endured while advocating it, and its final effects upon general practice.

In his Lesser Writings Hahnemann declares: "Medicine is a science of experience; its object is to eradicate diseases by means of remedies." And again: "The knowledge of diseases, the knowledge of remedies, and the knowledge of their employment, constitute medicine."

Here we find that the author of our system recognized the necessity for a correct understanding of both the nature of disease, and the effects of drugs; the former embraces the observations of the wise physician, and the investigations of the persevering pathologist; the latter the experiences of the skillful prover.

From such a position with regard to the scope and functions of medicine, the deduction of a law, involving a proving of drugs on the one hand, and their application as tried and faithful servants for the removal of disease on the other, is a natural and rational consequence. And that these proven remedies may be most accurately applied there arises a necessity for that knowledge of diseases and their salient symptoms, which can come only from long study and close observation.

To rehearse the matter systematically, then, we must have: First, a knowledge of the various pathological changes or functional disturbances (as evinced by objective and subjective indications,) to which the human organism is susceptible; secondly, a record (which shall serve as a guide,) full, comprehensive and exact, of all the positive, primary and secondary symptoms produced by each and every drug; and, thirdly, experience in the clinical application of proven drugs, until the remedy, in every curable case, matches and over matches, by force of applied law, whatever disease it may be called upon to encounter.

With regard to Hahnemann's doctrine of disease, it may be assumed that he considered "vital force" as the "source of all the phenomena of life," and the "sphere in which disease begins and medicines act."

Disease, then, must be a disturbance of vital force. This disturbance may be temporary or moderate, and excite only functional derangements of the system; or it may be disintegrating in its effects, and cause sepcific and organic changes of the bodily tissues.

Vital force is, we believe, the offspring of spirit and body—a "genetic evolution" of the highest, most harmonious and perfect order.

You will remember that Hahnemann made his fruitful discovery almost by accident. He was engaged in translating the works of Cullen—that unconscious John Baptist of modern scientific medicine—when he was led to the belief that Peruvian Bark is as capable of exciting fever in a healthy person as it is of curing fever in the sick.

Upon this discovery, for such it was to him, he formulated a theory which will in time convert the healing art into into one of the approximately exact sciences. Medicine will be a science, worthy of the name, when the subtle powers of every drug are fully and practically understood; and when the subtle symptoms of every disease shall be marked out, upon systematic charts, by men with keen, practical, observing and unbiased minds; and that, too, so clearly that he who runs may read.

The discovery, the formulation, and the application in practice of the law of similars were so sudden, so brilliant, so efficacious; (yet withal, like every law of nature, it was so plain, practical and simple in its action when understood,) that the savants of medicine refused in disgust to accept or sanction the propositions and practices of Hahnemann.

They looked upon his declarations of eternal medical truth as the wise men of his day regarded the assertions of Galiléo that "the world does move." His enunciation of a law governing the action of drugs was re-

garded with as deep distrust as were the statements of the astronomer of Wurtemburg when he first announced the rhythmical and regular and undeviating courses of the heavenly bodies. Thousands of planets have been discovered since the time of the star gazer of Magstadt, but the laws of Kepler bind them all. So the law of similars, comprehensive and benign, will hold its controlling sway in the domain of medicine throughout coming time. Harvey was ridiculed, by his compeers, when he promulgated the fact of the circulation of the blood; and Jenner was unreservedly maligned, because he declared that vaccination with kine pox virus is a safe and sure prophylactic against one of the most disastrous and loathsome plagues of earth. And in a similar manner, and by the same intolerant spirit, was the scientific Sage of Coethen ridiculed and maligned, because, in opposition to old and cherished, but false and unsatisfactory theories, he thundered forth the truth as it is in medicine.

"The blood of the martyrs is the seed of the church." The privations of reformers are the penalties paid for the promotion of the cause of progress. Hahnemann endured slander, indignity, persecution and ostracism, and his children ate black bread in bitterness and sorrow; but to-day, as a result of his rare perseverance, the world feeds and flourishes upon the benign and pleasant fruits of homœopathy.

When allopathic intolerants found that ridicule, vituperation and obloquy failed to drive this new champion from his post, and when they learned at last that, by the unquenchable force of merit, he was making his way to the hearts and minds of the wealthy, the refined, and the learned, then they lifted up their hands and opened wide their eyes in an attitude of blank astonishment. They were confounded by the fact that in their crusade against the apostle of rational medicine, their ammunition fell harmless, like blank cartridges against the ramparts of a sturdy fortress. Dismayed and defeated in their efforts to destroy the new system, chagrined at the success of the methods adopted by Hahnemann and his followers, they sought refuge and solace in the soothing studies of physiology, pathology and anatomy.

On the other hand, the new school was unfortunately puffed with pride on account of the triumphant results (in contrast with old plans) that attended the application of its theories in the treatment of disease. Hence it discarded, to a large extent, the valuable revelations made by investigators of pathology.

Neither the old school nor the new was entirely right in its methods; both were partially wrong in their tendencies. In ferreting out the intricacies of pathology, and in skilfully developing the highest possibilities of surgery, our old school brethren have performed a noble and a valuable work. All honor to those scholarly men, who, with the well hewn blocks of an enlightened knowledge of physiology, anatomy and pathology, have builded anew the foundations of our medical temple. But while the corner stones have been reset, and fortified against further toppling, by master workmen, we should remember, likewise, that the crowning superstructure has been set up, polished, and joined together, after the trestle board plans of Hahnemann, by such men as Müller and Heinigke, in Germany; by Jousset, in France; by Richard Hughes, in England; and by Hering, Hempel, and Carroll Dunham, in America.

The effects of competitive workmanship upon the same building are at last being made manifest. The attrition of apparent antagonism is gradually wearing off the rough corners, and thus the mass is being chiseled into a more comely shape. Commingling of ideas, tempers and tones, and renders conservative the most powerful of radicals. The leaven of homœopathy is working down to the very foundations of medicine; the bracing influences of scientific research are rising from their solid basis and pervading every atom of the cumulating castle. Such things, my brethren, are hopeful in themselves, and augur well for the future.

That we may understand how far the influence of homœopathy extends beyond the lines and ranks of its professed followers, let us consider these facts: The compounding of sixty unknown drugs, for one solitary prescription, is no longer recognized as a scientific procedure. But in the heart of Germany, home of medicine, Mecca of all medical pilgrims, the use of the single remedy, one of the principal teachings of Hahnemann, is a recognized and acknowledged necessity.

The deadly draughts of Paracelsus are being discarded even by our "heroic" brethren; and the "divided dose" is being recommended by leading minds in the rival school.

While a mixture of drugs, of whose properties and effects the givers were ignorant, was once prescribed as a blind experiment upon the sick, a knowledge of the virtues of each individual drug, before it is administered, is now considered essential; and thus the injunctions of Hahnemann, that we should know our weapons before we use them, are being absolutely carried into practice by those who still persist in denying his theory.

Ipecac produces vomiting, as every physician knows; it will cure vomiting under the homœopathic law of similars. Yet, Bedford, and Bartholow, and Ringer, and Farquarson, and Piffard, while denying the plain precepts of the law, sanction and recommend the use of small doses of Ipecac for the relief of vomiting. Whence came their knowledge save from the therapeutics of homœopathy? These men are unconscious homœopathists, just as some men are unconscious Christians, who exemplify in their lives and practice the precepts of the golden rule, while denouncing vaguely, with their lips, the heavenly principles of the church militant.

Thus, as we have seen, homœopathy is making itself felt everywhere, and even the members of the "old school" are gradually but surely casting aside the crude and vagarious notions of antiquity, and are coming to adopt with more or less accuracy the methods of our revered master. And at the same time we discern with sadness the fact that some of those who have stood upon the rock of truth, and have basked in the clear sunlight of the new medical gospel, have wandered out into the quicksands of gross materialism, or have floated aloft into blue empyrean of ethereal, and far away transcendentalism. The sands of time are constantly shifting. Those who think themselves grounded upon a firm foundation today, find themselves floating like helpless driftwood upon the ocean to-morrow. While those who are tempest-tossed now, may, if they but strive aright, find themselves moored at the Gibralter of Truth in the early future. Eternal vigilance is the price not only of liberty, but of a fortunate security. It remains for those of us who have once tasted the

sweets of that which is everlastingly right to cling with vigorous tenacity to the origin and source whence such blessings arise.

Since Hahnemann's time two currents of medical knowledge have flowed side by side on the same river bed; one portion dark and turbid with the bigotry of the past, the other clear and sparkling with the energy and pure light of the present.

In the rugged gorges of Switzerland two mighty streams meet and flow, side by side, onward to the ocean. The waters of one are loaded with impurities gathered from its muddy banks. The waters of the other are clear as the crystal snows from whence they were formed. As they move on the *impedimenta* of one stream gradually sinks out of sight; while the blue waves of the other leap laughingly upon the surface until they overspread and subdue the retreating elements of its companion. So will the bright waters of modern and rational medicine, as they plunge along the stream of progress, eventually cover and subdue the black substances of bigotry and superstition which have come down in turbid currents from the domains of a gloomy and over-burdened past. The dross will sink and the driftwood will run aground, but the clear waters will move on; and the brightest and the best from all sources will go to make up the final volume of purity and majesty as it passes into the pacific bosom of the boundless sea beyond.

Many a fair republic has passed away through the apathy of its citizens, and the folly of its leaders; yet the principle of republicanism can never die, because it is an element of God's eternal truth. The pride of Rome may fall, but some enterprising Columbus will discover a new Arcadia, where the gospel of liberty shall forever prevail.

So the followers of a true system in medicine may grow weary and faint by the wayside; the standard bearers of the cause may carelessly permit their colors to draggle in the dust; even apostles, advocates, and strong banded societies may dwindle, die, and pass away; but that fundamental law of nature, embodied in the doctrine, *similia, similibus, curantur*, shall not pass away.

If as a society we would be perpetuated we must keep ourselves in harmony and alliance with those tenets of medical truth which are immortal. And we must go on, adding new and good material to the bulwarks of our defence, maintaining with persistence the cardinal points of our doctrine, and fortifying our entire system by the discovery and useful monopoly of corroborative facts.

And if we would broaden our influence we must extend the right hand of fellowship to all who are seeking after the truth, and to all who will aid in upbuilding and supporting our cause. To this end, by immediate legislation, we should open wide the doors of admission for every worthy seeker and honest believer. Still, the doors should be guarded with judicious care; and the unworthy and unprepared should be excluded until they assume a garb that is appropriate for the wedding feast.

Homœopathy is a form of practice that is most readily adopted by the educated, the thinking and the cultured classes. How important, then, that the representatives and exponents of this practice should be thoroughly trained and highly cultivated men and women. [illegible] desirable end we should make it a matter of principle to

admit no students to our offices who have not previously merited that honor by the acquirement of a sound classical education. The diploma of a classical college need not invariably be required, but a good classical education should be. Then our medical colleges will be able to turn out, with tolerable certainty, a good, though perhaps small class of doctors each year. At present our medical colleges take the raw material as it is sent to them, and do the best they can under the circumstances. But they should not be forced to bear all the blame if they fail, occasionally, to make a good doctor out of an ignorant blockhead. The profession should shoulder that responsibility which belongs to those who furnish poor material with the expectation of having it woven into a rich and useful fabric.

After the medical college has finished the work for which it has been commissioned, the seal of approval should be placed upon it, if found acceptable, by competent and impartial state authority. To this end State Boards of Medical Examiners should examine and pass upon the qualifications of every coming graduate in medicine. By such means may the bias of self interest, and the temptation to grant diplomas too easily, be overcome. Already the homœopathic profession has availed itself of the law of 1872, and established a State Board of Medical Examiners; and before this Board any medical student or graduate may appear, and, if qualified, secure a diploma of Doctor of Medicine from the State University. Only one step in advance, in this direction, is needful. Every graduating student should be obliged to pass such a Board before entering the field of medical practice.

Not only should we be more cautious with regard to the educational attainments of our students, but we should scrutinize the natures and characters of our prospective associates in medicine. Already we have had enough of cringing hucksters who prostitute their calling to base ends for filthy lucre. We have had enough of boasters and braggarts. We have had enough of those who are wise in their own conceit, and who, knowing it all, can learn no more. Death is the only cure for such cases. For the future we want no servile Sampson Brass to belittle and degrade our profession; no Janotus de Bragmardo to trick the public with the sophistry of seeming erudition; no Moses Primrose to destroy the victims of disease with an impractical and blundering pedantry. But we do want such men as the poet longs for when he says:

"God give us men! A time like this demands
Strong minds, great hearts, true faith and ready hands;
  Men whom the lust of office does not kill;
Men whom the spoils of office cannot buy;
  Men who possess opinions and a will;
Men who have honor,—men who will not lie;
  Men who can stand before a demagogue,
And damn his treacherous flatteries without winking!
  Tall men, sun crowned, who live above the fog
In public duty, and in private thinking."

By such accessions to our ranks, of men who are scholarly and honorable, and by such only can the profession of medicine be elevated to its true position in the estimation of mankind.

The medicine of the future will be not only the treatment of disease in accordance with the methods we have hurriedly shadowed forth, but it will as well embody the art of *prevention* of those ills which now curse humanity. That work has already begun, and Boards of Health are beginning to accomplish a benificent and far-reaching duty to the world. We should not only sustain and aid such Boards, but each one of us, in the daily round of labor, should exercise the functions of a wise overseer, and promptly warn our patrons of the first indications of approaching danger. By concerted action, and by personal vigilance on the part of true physicians, may the medical millennium be most surely beckoned into existence.

Another duty which the homœopathic profession owes to itself is the sturdy maintenance, in all their integrity, of those public institutions which states, cities, and muncipalities have committed to its charge. These are our strongholds, our Gibralters, and they have done much for the honor, the inspiration of respect, and the advancement of our cause. But by reason of the fact that these institutions are the sole pride of a "peculiar people" they are specially liable to be subjected to unusual assaults on the part of both open and secret enemies.

But you may rest assured, my brethern, that the watchmen upon the walls and in the towers, will sound the tocsin of alarm just when it is most needful. And they will rely upon your sustaining influence, and avenging aid, whenever and wherever an open or an insidious foe is discovered.

It is said that in the ceremonial races of ancient Greece the participants ran their course bearing aloft in their hands bright and blazing torches. Each contestant sought to preserve his torch alive, and to hand it undimmed to his successor who awaited him on the opposite hill top. If a light went out the bearer was forever dishonored. These ceremonies were performed for many centuries in solemn and thankful memory of the god, Prometheus, who first transported fire from the heavens for the benefit of man.

From Hahnemann, "the father of light in our medical system," and from his faithful disciples we have received a flaming gift, lighted at the hearth of discovery, and replenished with coals fresh from the altar of eternal truth.

If, in the race of life, we would maintain ourselves with honor, and enrich the memory of the master; if we would contribute our share to the world's mighty progress; and if we would brighten the hopes of the suffering to whose care and relief we are most solemnly pledged, we must run with patience the race before us; ever bearing aloft the shining emblem of light that is in our possession; ever guarding it against the rude blasts of ignorant opposition; and then, as we reach the final goal, we may have the supreme joy of passing on "an unextinguished torch from sire to son."

IV.

A Poem.

By Wm. Tod Helmuth, M. D,

My friends I am booked for a poem, I see,
But what is impossible never can be;
I'm only a surgeon, and cannot lay claim
To poetical pathos, not even in name.
I may string out some rhymes—but am not a poet,
And before you have finished this seance, you'll know it.

A poem should be a harmonious strain,
An artistic production of soul and of brain;
A music of words, an adornment of thought,
Embellished by genius and skillfully wrought;
To speak to the senses in language so sweet,
That where the ideal and practical meet,
Is a dim, indistinct oft' invisible line,
Which even the critics can scarcely define;
In fact the old adage in wisdom is laid,
That a poet is born,—he cannot be made,
And when I was ushered, a babe upon earth,
No winged Pegásus, stood by at the birth,
But an old Æsculapian fellow who said:
"The baby's a boy—nurse, put him to bed."

I e'en cannot fancy I hold any part,
In that newer poetical school of "high art,"
By which all society now is beguiled,
Whose "utterly utter" exponent is—Wilde,
Whose "liquidly liquid" idea seems to be,
A laxness of fibre, and weakness of knee;
Whose damsels all dress in a "limped sage-green,"
And "shrinkingly shrink" at the word "crinoline,"
But bending like willows, they droop on their chairs
And sing to the poet such languishing airs,
So "lovingly lovely"—"intensly intense,"
"Con-sum-mate" in every departure from sense.
To look at their postures you'd certainly own,
That somehow or other, arms, legs and backbone,
By an æsthetic process, "sublimely sublime."
Having all been deprived of the phosphate of lime,
Would bend to the zephyr's most delicate breath,
And never could stiffen—not even in death.

Ah! no; all my life, up to this very day,
Has been spent in a practical sort of a way,

And when I've attempted to worship the muse,
She would hold out her hand—then smile and refuse,
And motion me back to the probe and the knife,
Saying " cultivate these to the end of your life."
So if you expect any poem from me,
You'll be disappointed as sure as the d——.

But if you'll permit me to take up your time,
With professional subjects reduced into rhyme,
I'll do my endeavor my hearers to please,
And find myself certainly more at my ease ;
And indeed I declare,
If I had "*savoir faire*—"
A book I might write of great medical wonders,
Of medical science, and medical blunders,
Of births and of deaths and remedies good,
For curing a fever, or cleansing the blood—
Of poultices, salves, of ointments and blisters,
Of roots, and of herbs and of curious clysters,
Of cholagogues, potencies, pains and pathology,
Relieved here and there with a touch of necrology ;—
Of fractures and tumors, both cystic and bony—
Of brains that have softened like boiled macaroni—
But I can not, I dare not, for none would believe,
Nor could it occur to the mind to conceive
The wonders of science, the wisdom unfound,
By which the profession is always surrounded.
But just for the noce,
Yes, only this once,
In most imperfect time,
I will put into rhyme,
Facts told at a meeting, where I in the chair
Endeavored to pacify every one there,
Allowing each paper full time to be read,
And loudly applauding what every one said.
This meeting was held in a medical college,
Receiving that sanction of wisdom and knowledge,
Which always hangs mystic in classical halls,
Enshrouding with science its dome and its walls,
The Doctors sat silent, the minutes approved,
And then a Physician arose and he moved,
That all future business should then be deferred,
And that clinical cases from members be heard—

A Scotchman arose—he opened the ball ;—
He said that his patient could not sleep at all,
Till acceeding to Blister, whose judgement was keen,
He gave her the "*second*" of fresh Atropine,
Which up to the present had done her some good,
Which might end in a cure—He hoped that it would.

The Blond then rose—a member new
Now listen to the blast he blew.
A gentleman came to consult him one day,
A curious swelling he had—by the way;
It was stony and hard—yet slightly elastic,
And filled up the triangle known as digastic:
It appeared not malignant—indeed it was bland
And looked very like an hypertophied gland.
The Doctor prescribed—things came to their worst,
The hard, stony swelling, first softened, then burst,
The patient appeared at the Doctor's next morn,
And brought in his hand quite a large grain of corn,
Which of course would account for the swelling so stony,
It having slipped into the Ductus Whartoni.
This phenomenal case was peculiar indeed,
But was outdone *in toto* by great Dr. Bleed,
Who, with sweet intonation and innocent face,
Related at length this most curious case:
A clever young fellow, a student of law,
Had an indolent swelling come under his jaw.
He took many drugs, still larger it grew,
Till it covered the jaw and the clavicle too.
And though it received every care and attention,
It much interfered with the act of prehension.
The pain was so great the man became furious,
But relief came at last, when c. m. Mercurius
Arrested the sweating and slacken'd the thirst,
Then softened the swelling, which very soon burst;
But instead of "the corn," oh, strange to behold,
This tumor discharged quite a lump of pure gold,
Which a dentist had dropp'd in the gum while essaying
To plug up a molar, long since decaying.
This morsel of gold, like an amœboid cell,
Worked its way to the surface; how, no one could tell,
But it shows how Dame Nature may sometimes grow bold,
Like most other women, and throw away gold.
The patient's delight can't be told in this stanza,
For he fanced his jaw had become a bonanza.

Dr. Seton desired the members to know
A case which occurred to *him* five years ago.
We all are aware where the nose and its bridge is,
Can locate the superciliary ridges,
Near the internal angle of which is a curve
Containing the supra-orbital nerve;
Now, this was the seat of such terrible pain,
That the patient scarcely could bear it,
And as it developed again and again,
He would clutch at his hair and would tear it.
No pleasure he had, for his symptoms would mar all,

And the Doctor supposed it neuralgia catarrhal,
But naught that he gave had the slightest effect
Till after a time he began to suspect,
As the eye lid swelled high
And shut up the eye,
That an abscess was forming in tissue close by.
A poultice was ordered and neatly applied,
The heat and the swelling began to subside,
And a little blue spot which is well known to us,
Indicative of the formation of pus,
Appeared in the centre and slowly advanced,
The abscess had pointed—and therefore was lanced.

The pus dribbled slowly—the cut was enlarged,
When a lot, quite enormous, of matter discharged;
This occasioned the Doctor the greatest delight,
Supposing, of course, that the thing was all right;
But week after week, and day after day,
The patient returned and continued to say
That pus still was forming, the sore would not heal,
And that "*out of patience he really did feel,*
That he'd suffered so long, so much pain had endured,
That by this time he thought he ought to be cured."
The Doctor at this was indeed disconcerted,
So he drew out his probe, and it he inserted,
And found there a fistula, old and continuous,
Three or four inches in length and quite sinuous.
He was puzzled and vexed,
And sorely perplexed,
For he didn't quite know what he ought to do next,
But he put on at once a most *nonchalant* air,
Which was dignified, easy and placid,
And ordered the sinus injected with care,
With a lotion of carbolic acid.
The patient, a fortnight, this course did pursue,
But came back disgusted—the wash would not do;
To the druggist the Doctor accordingly went,
And brought back a large laminaria tent,
Which he thrust in the sinus to keep it dilated,—
But more irritation and pain he created.
The Doctor again what to do could not think,
But ordered Hydrastis and Sulphate of Zinc,
But no,
No go,
In statu quo.
The sinus remained, the matter would flow,
Till finally thinking the cure he might urge on,
He took him to see and consult with a surgeon,
Who told him of course, if his eye he would save,
To pluck up his courage, be manly and brave,

And have the thing cut out at once by the knife,
Or else be disfigured the rest of his life.
Now, this filled the patient with horror and dread,
So he came to the Doctor and finally said
That he would not submit—He'd rather be dead;
The Doctor, in rage, then cried "STAND ON YOUR HEAD."
Home, home, ran the patient, he jumped on his bed—
For twenty-five minutes he stood on his head,
And Thunder! and Mars? how the opening bled.
But, from that very moment, the thing near his nose
Discharged much less matter, began soon to close,
And now not a vestige of scar does appear,
To show where that fistula was. Ain't it queer?
This story of Seton's was told very well,
And the laugh at the end quite vociferous,
When Blister declared he had one to excel
Bleed's story of pus so auriferous.
Now, we all were aware
Of Blister's great care,
Of his foresight and cautious sagacity,
And e'en when Bleed told
Of discharges of gold,
Not a member could doubt his veracity.
So listen, my friends,
Though belief has its ends,
The details of the case please to follow,
And without more delay
I am sure you will say,
The yarn is tremendous to swallow.
The patient, a girl, modest, pretty and bright,
Received, unexpected, a horrible fright.
Hysterics came on—took a curious shape,
She in agony crying she could not escape
From balls that ran up from her feet to her head,
Then left her abruptly—apparently dead.

[You've all of you read Edgar Poe where he tells,
In his curious metre, of various bells;
If the following lines his poem recalls,
Put an a for an e, thus making b*e*lls b*a*lls]:

Hear the story of the balls—curious balls,
What a world of suffering their memory recalls,
For the patient, sleeping soundly in the night,
Would start, her eyes all gleaming,
And continue loudly screaming,
In terror and affright.
And her cries, cries, cries,
With red and streaming eyes,
Were the loudest of exclammatory calls—

Namely Balls, Balls, Balls, Balls,
Balls, Balls, Balls,
Oh! the running and the jumping of the Balls.

Oh, listen how she squalls,
Piercing squalls,
The burthen of the story is the bounding of the balls.
In the witching time of night,
How she screams out in affright
If you touch her on the feet——
She can not, will not eat,
And can only shriek, shriek, shriek,
Out of tune,
In a clamorous appealing to the mercy of the Doctor,
In a mad expostulation to the balls which so have shocked her.
Leaping higher, higher, higher,
With some desperate desire,
And praying to expire,
That death would be a boon.
And she's wet, wet, wet,
With a sour, dripping sweat,
Till she drops into a swoon.
Oh! the balls, balls, balls, balls,
Balls, balls, balls,
The racing and the running of the balls.

V.

The Relative Therapeutics of the Same Remedy in High and Low Attenuations.

By T. L. Brown, M. D.

The knowledge of any remedy as a curative agent is based upon its uniform toxicological effects upon the healthy subject. All persons are not alike susceptible to the action of the similar attenuated dose of a mineral, vegetable or animal poison. Hence the necessary failures to always obtain the expected result when testing the observations of others. Cures, as the effect of a remedy, come only when the susceptibility of the patient and the attenuation of the remedy fully correspond. To cure the disease in an intelligent and scientific manner, we must know the real cause of the same.

An opium disease is most permanently cured by a less dose of attenuated opium, better and oftener in the higher attenuations, or by a similar acting drug, or a similar disease; as a burn, by a less degree of heat, or a freeze by a less degree of cold.

In the poisoning by tobacco, the higher attenuations of the same drug

will benefit the patient, and cure sooner and more permanently than any similarly acting remedy. The bad effects of mercury, tea, alcohol or coffee, will yield best to the higher attenuations of the same drug.

I have thought that a vegetable drug obtained from another climate or soil, when used in the attenuations corresponding best to the susceptibility of the patient, will cure the drug disease better than the attenuations of the same remedy; for in the cure of the worst forms of syphilis, by Syphilinum, the virus is not used from the same person in which it originated. Nor in the rhus tox. poisoning do we give the Rhus Tox we have in our pocket case, from the same plant that poisoned the patient. It is stated, however, that if on the following day the patient eat a little of the same plant, he will recover sooner, and not be as readily poisoned again by the drug on another exposure. Most persons are not as violently poisoned when making the second trial with tobacco, as they take it in a less quantity. In the second trial it acts as a curative of the former tobacco symptoms produced by the first use of the weed. When we learn the attenuation best adapted to the natural susceptibility of our patient, we only need the similar remedy to cure all that medicine will reach in the case.

But for this knowledge of our drug therapeutics, our school of medicine would never have controlled the worst diseases of humanity. To-day, the wise men of the irregular compound school of medicine are testing and pilfering our law and remedies as they fall into line. Good for them and their patients.

When a merchant's pale, soft-handed clerk takes a day's boat rowing, blisters his hands and burns his face, his cure sooner follows in a moderate exposure to the same causes, and health is the natural result of his experiment. When a person who keeps closed doors and windows exposes their person to the sudden change of opening them, only cold is the result if the windows are kept continually open.

All causes of disease can be utilized as remedial when used in the right quantitative and qualitative relations. Always the similar drug in the smaller quantity, sufficient, is the materia medica side of the regular homœopathic school of therapeutics. In the right quantity and quality, drugs remove symptoms similar to those they produce; and the number of witnesses are hourly increasing in both schools of medicine.

The action of a higher and still higher attenuation of a drug often determines the permanent cure. Toxicological symptoms are often the effects of the reverse quantitive use of the single remedy.

When we gather in the tested proofs, our advanced medical school will own the medical army and navy of trained and skilled physicians who do their own thinking while they test and obey the Hahnemanian law of therapeutics.

VI.

Have Remedies any but Atomic and Molecular Action on the Blood and Tissues ?

BY T. L. BROWN, M. D.

As defined, the atoms and molecules are the smallest forms that fill the smallest space. An atom is the smallest portion of matter that can fill the smallest space. One molecule is two atoms united, if it be the smallest molecule. All forms larger than a molecule require other names to designate them from the smaller ones. A blood cell perfected is composed of the atomic forms of the fourteen chemical elements necessary to the organization of a human being. Beside the fluids, the liquids, the solids, the exercise, the sleep, the rest, the heat, the light and mental emotions, we have mineral, vegetable and animal poisons to aid in bringing about reorganization. The motions of organization and reorganization producing the human form, and reproducing it when wasted, are the non-entities we call life, and their cessation all there is of death. Whatever keeps up the respiratory, the digestive, the nutritive and excretive, as well as the mental brain emotions in the best order, are the most remedial and sanitary. The forms of matter which combine the best, sustain our blood and every organ of the body. It is found that drugs given in large quantities can prevent the material cell formation and change the blood and tissue forms in such a way as to produce disease, destruction of form, and death. These poisonous agents are so uniform in their action that, if taken in sufficient quantities, they can be named from the symptoms they produce, especially when they have been carefully proven on the healthy.

No one will dispute that the action of the atoms and the molecules of the drug used did the work of producing the structural changes in the body, which we observe as drug disease; that the quantity of the drug used, and the susceptibility of the person taking it, control the result. When the similar drug is used in smaller quantity to cure similar symptoms, still the atoms and the molecules of the drug do the work of relief and cure. Like a pendulum in the clock, the action and the reaction of the drug upon the organic structures of the body show its bad and good results.

The lighter the dose, and the more susceptible the patient to the influence of the remedy prescribed, the sooner will the cure follow. The patient's susceptibility to drug action seems to depend upon the similarity of his symptoms to those produced on the healthy by provings. The point in question is, can there be a remedial action on any part of the human structure without atomic remedial substance, and still truthfully say the remedy did the work of cure? Sugar of milk and Alcohol are found the best substances for carrying the atomic forms of the remedies into the blood for curative purposes. It is claimed by some that these non-medicinal substances may receive an influence from the remedy, after dilution and trituration has been carried so far that the remedy is no longer present, which cures more readily than any form of the drug. In

all such instances the cure can be reliably traced to some sanitary change, instead of the alcohol or the sugar of milk inspiration. Every form larger than an atom is the result of atomic combinations or other preceding forms, or there could be no organization or disorganization. Uniting and dividing is the work of repair and destruction of forms.

The origin of the several sixty-five chemical elements known to the learned chemist is not known to the most profound thinker. How a remedy can produce a change of any kind in the human body and not come in atomic or molecular contact, is more than logic and reason can explain. The highest or the lowest attenuation of any remedy must still have some portion of the drug present, or we cannot honestly conclude that it did any part of the work of producing symptoms or relieving them. A nothing, which as yet never existed, would do just as much in the treatment of disease as the said drug influence imparted, (if such there be,) to alcohol or sugar of milk. I conclude that remedial action, in order to be effective, must be minute, and similar to the ordinary motions of the atom of oxygen or carbon, when they unite to produce heat for the body. Without this uniform atomic and molecular relation between the remedy used and the blood-making process, how could we reason in favor of the use of attenuated remedies or the law of cure?

In the history of attenuated medicines, it has not been ascertained in which of the many so-called higher attenuations the atom of the medicine could not be found. When some physician can truthfully say that any dilution or attenuation of a remedy does not contain an atom of the drug, then, if a cure follow the use of the alcohol or the sugar of milk, it will be time enough to credit the transmitted influence.

No physician should condemn any form of medicine until he has fully tested and found it useless or injurious. Demonstration, liberty in teaching, unprejudiced observation, truthful records, and unselfish reports, will lead us to the truth of the most curative forms of drugs.

VII.

Sliver Symptoms of Silicia and Hepar Sulphur.

By O. P. Barden, M. D.

I think it was among the characteristics published by Dr. Hering, a few years ago, that I found under Silicia these symptoms: "Bad effects from needles or other foreign bodies in the flesh."

The prevailing impression with doctors and mankind in general is, that if you get a piece of hemlock log in your body, you must dig it out if you can find it; if not, poultice, and hasten suppuration, which will bring it to the surface. I paid little heed to the symptoms, because I thought a thorn in the flesh beyond the reach of little pills, until on one occasion I was in my father's office at Mansfield, Pa., when a boy from the Soldiers' Orphan School came in with, as he expressed it, a "sliver where I sit down." It was in springtime, and he had been home on furlough during

sugar-making, helping in the bush. The bush was on a hillside. Wishing to go to the house, and wanting to expedite matters, he thought he would use a sap-trough in place of a sled. The trough was slippery, the snow crusty, and he went flying until the trough halted on a stump just sticking through the snow, and the boy went on several rods, taking with him a fragment of the trough, in that part of the body on which we rest while eating. The boy could hardly walk. On examination, we found the left nates much swollen, very red, and very sensitive. There was no wound or abrasion of any kind to indicate that anything had ever entered the tissues. (The accident occurred about four days previous to examination.) I could not satisfy myself that there was anything there;—but I did think of those symptoms. I told the boy that I would give him medicine to remove the soreness and swelling, and then we could find the sliver, if any was there. He agreed to it, and I promised to see him again in two days. I saw him as agreed, and was astonished at the change. He could walk easily, the soreness and swelling were entirely gone, and now there was no trouble in locating the sliver, which I removed. The intruder was three-fourths of an inch wide, one-eighth inch thick, tapering, and over three inches long. I was pleased with the result—so was the boy—and I gave Silicia the credit for the good done.

Another boy, some years later, in jumping off a fence, struck on the slivers on the top of an old stump. The result was a large rent in the breeches, and a small crop of large slivers in the posterior part of the thigh. Not having my pocket instruments with me, I removed all I could find with pocket knife and tweezers, and thought that perhaps I had them all. In a few days he complained of pain, soreness and swelling. Thinking there were more slivers, I gave *him* Silicia and in a few days the offender was removed without trouble. It was about three-fourths of an inch long by one-half inch wide and one-fourth inch thick. It was carelessness, perhaps, that I should have left my instruments at home, and not thoroughly examined the wounds at first, but it gave me a fine opportunity to verify the symptoms again.

One more case of slivers, and I am through with them. A woman, scrubbing a rough floor, filled the index finger of the right hand with Norway Pine. I took out all that I could, but the blood and hurt would not allow them all to come. She *knew* that she would be laid up, have to poultice her finger, always made bad sores on her, &c., &c. I gave her some Silicia, with a request not to poultice the finger. In a few days she told me that she had got them all out, and that her finger had not been sore enough to prevent her working all the time.

I suppose it to be our duty to relieve the sufferings of our patients as easily and quickly as possible; and, if there are cases of injury, and introduction of foreign bodies within the tissues of the body that cannot be immediately removed without much difficulty and suffering, it should be a source of pleasure to ourselves and of gratitude from our patients if we have remedies that we can apply internally that will bring relief. How many limbs and even lives have been lost by probing and digging after some extraneous substance imbedded in the body. In gunshot wounds, the chief desire of the surgeon appears to be to secure the missile regardless of sufferings or consequences.

You must not presume that these are all the cases in which I have applied the Silicia. I have used it enough to satisfy myself that in such accidents it is *the* remedy.

Allow me to mention another remedy and the symptoms, with which I presume you are all familiar—that is Hepar Sulp.; "Sensation of a fish-bone or splinter sticking in the throat." I have had persons apply for relief, when they were as sure that there was something in the throat as they were that they lived, who were relieved by Hepar. One lady in particular, I remember, who sent for me. She had been eating fish-balls, and a large bone had stuck in the throat, she thought, and she could neither get it up or down. Examination failed to discover anything, and after hearing her story, I gave her some Hepar Sulp. and the bone speedily departed.

These cures cannot all be due to the imagination, because they have been verified times without number by different physicians.

VIII.

Baptisia Tinctoria.

BY A. J. CLARK, M. D.

The value of Baptisia is not yet fully appreciated. It has some popularity with homœopaths, but not to the extent that its powers demand. It is not a general specific in any type of fever, but like all other remedies, has its own peculiar sphere of action, which lies in a certain pathological condition represented by certain symptoms.

It exerts a marked influence on the blood and vascular system the nerves of sensation, and on the intestinal lesions common to low types of fever.

I have found it an invaluable remedy in certain forms of gastric and typhoid fevers; and in ulceration of the mouth and fauces with fetor, it is the best remedy I have ever used.

In my practice in the Wyoming Valley, in the winter and spring of 1875 and 6. I met with a most malignant form of ulcerated, sore mouth. The patients were feverish, the mouth hot, red, and on the mucus membrane of the buccal cavity were numerous "canker spots" superficial ulcerations, surrounded by a red areola. The breath was very fetid and there was present in every case profuse salivation and great prostration. Mercurius, Nitric-Acid, Arsen., Chlorate and Permanginate of Potasse, Hydrastis, Carbo-Veg., &c., were used without much benefit.

A search for something to help me out of the trouble led me to Baptisia, which proved a specific. I gave the first decimal a few drops in a half glass of water every one, two or four hours according to the severity of the disease. I also applied it locally; a small teaspoonful to half a pint of water. Every case recovered, while many under other treatment, attacked in the same manner, died with diphtheria.

I have since that time used Baptisia with a great deal of satisfaction in both scarlet fever and diphtheria with fetor of the breath, great prostration and other symptoms indicating its use.

While practicing in Scranton a fever prevailed which appeared in the form of a bilious—remittant with a tendency to a typhoid condition. It was generally called, typhoid. The doctors had not then learned that all forms of fever came under the name of malaria.

The disease was generally ushered in with a chill followed by fever, with severe aching in the muscular portions of the body. Pulse ranged from one hundred to one hundred and thirty, better in the morning, worse in the evening. The pain in the head was not generally acute, but a dull bruised ache. The whole body felt as if bruised and lame. Patients com plained of feeling tired, "Oh, so tired." Tongue dry, brown or with a red dry center. Faintness on rising, giddiness and in some cases severe nausea; a good deal of thirst; bitter sickning taste in the mouth; sinking sensation in the stomach; diarrhœa with pain and soreness in the bowels; the evacuations light yellow or brown, thin and watery. Fetor of the breath and fæces more or less marked. The urine was usually very high colored and scanty.

I treated a mumber of these cases with Bryonia, Arsenicum, &c., which terminated favorably in two or three weeks. Many cases under allopathic treatment proved fatal and where they recovered the fever continued twenty-one and even forty days and the regaining of strength usually ran into months.

About this time I read an article on Baptisia in fevers, by Dr. E. M. Hale, and I prepared the first decimal attenuation and the first case that I placed under the action of the remedy, terminated with a profuse sweat on the fifth day. Other cases ran three, four, five and the longest seven days. In less than twenty-four hours after giving the Baptisia, the dryness of the mouth and tongue, the sensation of soreness in the muscles, and the heat of the skin were notably relieved.

From this experience I have reason to conclude that the action of Baptisia is eminently beneficial in some forms of continued fevers; that it is superior to many other remedies more largely used, and I believe that it really has the power to arrest or abort what might otherwise prove a typhoid or continuous fever.

I have had the same gratifying success with Baptisia in several cases of Pneumonia with fetid purulent expectoration. Its action has been so uniformly successful with the low attenuations that I have never tried the higher. I will give some indications for the use of Baptisia which I have verified in my own use of the remedy, and, they may be set down as star (*) symptoms.

Head.—Feeling as if the skin of the forehead would be drawn to the back part of the head; great tightness of the skin of the forehead with pressive pain in the temples; confused feeling or swimming sensation. Head feels to large, and too heavy, with numb feeling of head and face. A feeling as if the forehead would be pressed in (Bry. pressed out.)

Fever, with stupor, delirium, eyes injected, tongue coated brown, dry in the center, very offensive breath, sordes on teeth, diarrhœa with fetor of the stools, urine high colored and scanty. Wearied, aching, bruised feel-

ing of the whole body, and especially of the limbs. Feels sore and stiff.

These symptoms indicate clearly that Baptisia is an analogue of Merc., Bry., Rhus and even some of the nervous sedatives. The range of action of Baptisia is limited as other fever remedies. An empirical use of this truly valuable remedy has disappointed many of those who expected it would cure all cases of fever. But our unerring law of cure must be recognized and followed in the use of this, as well as all other remedies. It is only by a careful study of the general and special symptoms elicited by provings on the healthy organism, that we can arrive at the true therapeutical application of Baptisia.

Let those who have cast this drug one side take it up and study it, and use it with the keen discriminating homœopathicity which should characterize the true physician, and Baptisia will prove a valuable adjuvant in the treatment of certain forms of fevers.

IX.

Some Observations Upon Veratrum Viride.

BY GEO. F. HAND, M. D.

This is comparatively a new remedy with homœopaths, having been first used by them a little more than twenty years ago, and indeed by no one extensively previous to that time. The provings of this drug have neither been as extensive nor as carefully made as of many other remedies. The following remarks are cited from various miscellaneous sources concerning its action upon the human system:—

"It acts especially upon the sympathetic nervous system, which presides over the action of the heart and arteries, the base of the brain, cervical portion of the spinal cord and pneumogastric nerve. The action of Veratrum Viride upon the great sympathetic nerve differs from that of Aconite, the latter causing congestion and inflammation in every organ and tissue of the body, while Veratrum Viride produces congestion and inflammation only in the thoracic viscera, base of the brain, upper portion of the spinal cord and stomach. No remedy will so quickly and surely produce congestion and inflammation of the lungs as the Veratrum Viride."

"In large doses it causes nausea and vomiting, complete relaxation of the system, copious sweat, and a pale, cool skin. The pallor is apt to become extreme and be accompanied by syncope, especially if the patient rises suddenly from the recumbent position. There was no delirium, coma, or stupor; nor was there any effect on the kidneys or bowels."

"The primary action of the drug, when given in large doses, is to depress the circulation through the agency of the nervous system, causing vomiting of thick, glairy mucus and blood; small, feeble pulse, surface pale, covered with cold sweat, sensation of chilliness or numbness; frontal

headache, dizziness with dimness of vision, dilated pupils." "Constant burning distress in the cardiac region, with high fever as secondary symptoms. Faintness, sense of weakness in certain muscles or want of power to contol the muscles of locomotion. Constant aching, pain in the back of the neck and shoulders." "Tonic spasms with contortions of the muscular system, particularly of the face and neck; spasms with violent shrieks, in which the whole body is bent backward. Rigidity of the jaws, jerking and twitching of the muscular system, and other manifestations showing clearly its effect upon the nervous system and base of the brain."

The principal alkaloid of Veratrum Viride is Veratrine, identical with that which is obtained from Verat. Album, and, as might be inferred from this fact, the action of the two drugs is exceedingly similar. The indications, however, differ among others in these particulars, according to Prof. Allen:—

VERAT. VIR.	VERAT. ALB.
Eye bright, active, showing mind in good condition.	*Eye* dull, stupid, showing clouded mind.
Tongue coated, but with a bright red streak down the center.	*Tongue* evenly coated.
Delirium milder, more of a semi-conscious type.	*Delirium* active, of a maniacal type; swearing, cursing, tearing and biting.
Pulse high, hyperæmic circulation, and great congestion and heat.	*Pulse* low, cold sweats, and collapse.

Otherwise very similar.

In my clinical experience with this drug I have usually selected it in accordance with the symptoms mentioned above. This experience has been quite extensive, and the result is that I regard it, in a certain class of cases, one of the most valuable remedies in our materia medica.

In the first stage of pneumonia it stands by the side of Aconite, and, in congestion of the lungs, is without a peer. In pleurisy also prompt relief is often obtained from its use. I have not used it as much in fevers, it may be, as its importance demands, except in fevers with irritation or congestion of the brain, or showing a tendency to convulsions, where it has done good service. In dentition, measles, scarlet fever, &c., indications for its use often present themselves. In erysipelas it is a grand remedy as a topical application, relieving like a charm the intense burning and smarting, and reducing materially the redness and heat of the affected parts. For this use I prepare a mixture of equal parts of fluid extract of Verat. Vir. and Glycerine, and apply with a feather or camel's-hair brush. The Glycerine fills an important place by keeping the parts moist and rendering frequent applications unnecessary. In case Glycerine should disagree, as it sometimes does, a watery solution of the Verat. Vir. may be used instead, one part to six or eight of water. The same preparation is a soothing application in itching eruptions, and in threatened mammary abscess.

In certain puerperal difficulties Verat. Vir. is an invaluable remedy. Puerperal metritis yields to its influence speedily in most cases—pain,

fever, headache and abdominal tenderness; and in puerperal convulsions I consider it more nearly a specific than any remedy in the materia medica that has yet been recommended. My experience has not been very large in such cases, but in this experience I have never seen a fatal case follow its exhibition. In every case in which I have used it, or recommended its use to others, immediate amelioration of the symptoms has taken place with ultimate recovery. Veratrum Viride is a remedy which will, undoubtedly, well repay more careful attention than has yet been given to it by the profession generally, especially in the class of cases which I have mentioned.

X.

Trillium in Menorrhagia and Metrorrhagia.

BY A. R WRIGHT, M. D.

These notes are given more in corroboration of the experience of others, and I give them as a tribute to a most valuable remedy in menorrhagia and anticipating menses, after a happy experience of ten or twelve years of its use in these serious afflictions of American women.

Dr. L. A. Phillips, of Boston, in the last number of Minton's *Journal of Obstetrics*, gives his testimony very strongly in favor of its use, not only in menorrhagia, but in "hemorrhage after abortion or early miscarriage, especially where Ergot has failed." My use of it has been mostly in menorrhagia and anticipating menses, and I prescribe it generally on the following indications: If there seems to be atony of the womb or a general anæmic condition, especially with gastric derangement, I give Trillium ten days before menstruation, and Helonias for ten days after. In one case I got an aggravation so great that the menses were delayed and lessened to such an extent that the patient thought the climacteric period had arrived. But on discontinuing the Trillium, the menses became regular and have been ever since, a period of nine years. In three other cases, I got the characteristic left frontal headache; one of these eight years ago, and another, a younger sister, one year ago. In both of these cases, I repeated the remedy with the same effect—a good proving of that symptom.

Generally, I have not been obliged to give it during the menses, only up to the time. In cases even of long-continued menorrhagia, in which the flow is fresh or dark and clotted, and the subject weak, anæmic or hemorrhagic, or anticipated in time, I prescribe Trillium with the greatest confidence that from one to four months the remedy will give permanent relief.

XI.

Hepar Sulphur in a Case of Goitre.

By A. R. Wright, M. D.

1858. Mrs. B., age 58, of Scotch birth, nervo-bilious temperament, under medium height, slender in figure, and of general good health. Since fifteen years of age she had had enlargement of the thyroid gland to nearly the size of a hen's egg, the swelling never disappearing or changing much during all this time, according to her report. On looking the case over, with great doubt of a cure, I gave Hepar s., and in a month's time I thought I could discover a slight decrease in size of the goitre. Under the administration of the Hepar for six months, the goitre disappeared, leaving the neck in a normal condition. Saw her occasionally during the next year, when there was no return of the disease. No other remedy than Hepar Sulp. was given.

XII.

Urethral Caruncle Complicated with Cystitis.

By R. S. Bishop, M. D.

In submitting the following case to your notice, I have deemed it best to give the history somewhat in detail, that the question of diagnosis may be supported: In the winter of 1868 Mrs. G., then in her thirty-seventh year, and having, generally, good health, (all functions peculiar to her sex being normal,) left her bed at midnight in a fit of somnambulism, to which she had for years been subject. Passing into the street, she walked some distance to a neighbor's. The cold was intense, and her feet were lacerated upon the sharp, frozen ice and snow. This walk was taken only in the garb of the nightdress. As is usually expressed, she took cold, which soon developed what was diagnosed as urethritis. She was placed under judicious and careful medication, in Albany and other places. During the next few years, she also tried many noted mineral springs. During all of this time I had more or less occasional care of her. It seemed, according to symptoms at that time, chronic urethritis. Thus various men and measures were resorted to, with never in a single instance, under my own or any other physician's care, anything more than partial temporary relief—pains in the urethra never absent, at least on urinating.

This continued until the winter of 1875 and 1876. Then, while in Texas, she was placed under the care of an eminent physician of that State, who gave her mostly local treatment—cauterized the urethra with

Nitrate of Silver repeatedly, together with other topical treatment—all with no relief, finally pronouncing the case incurable.

From this time on much neuralgia existed, especially about the heart. She was finally placed under my care again in 1877, with liberty to adopt any course I might choose and take my time. The pain on urinating, at this time, was very severe. My first exploration was with the catheter, which I found much difficulty in passing; the urethral canal seemed narrowed. I followed medication, with seeming relief some of the time, for one year, until October, 1878. Urethral speculum examinations at that time revealed an urethral caruncle, situate about one-half an inch from the meatus, in diameter about four lines, and nearly closing the channel. I applied Carbolic Acid, and washed out the urethra once a day with a wash solution of Hydrastis Can. There seemed marked relief following this treatment. After a few days I prepared suppositories medicated with Hydrastis and Opium; these suppositories were introduced, one each day. In the meantime I had administered, during the year, persisting some time with each, singly, Acon., Bell., Thuya, Cannabis Ind., Canth., Buchu, and other remedies, with frequent opiates, which seemed absolutely demanded to make life apparently possible. The use of these suppositories seemed to promise so much, and the relief so considerable, the fungus growth apparently disappearing, that I consented to her going with her husband to Albany, he being an honored member of our State Legislature. The use of the suppositories was continued, but the symptoms soon became greatly aggravated. She returned to me with all the pains much more severe than ever, and her general health seemed fast giving away: urination three or four times per hour. At this time (March 20th, 1879,) chemical and microscopic examinations of the urine revealed considerable amounts of pus, epithelial cells, &c. There was unmistakable chronic cystitis as a complication of the urethral lesion. The morbid growth in the urethra had regained its former size and irritiability. I again applied strong Carbolic Acid. March 22d, commenced washing out the bladder with warm water and followed it with two or three ounces of warm water containing ten drops Fluid Extract Hydrastis and about half the amount of Fluid Extract Plantago. To the fungoid growth application was made of Fluid Extract Belladonna. Thuya. $\frac{1}{10}$ was administered three times a day. This treatment was continued until the 28th, (five days) when there seemed some relief.

April 7th, same treatment having been kept up with marked improvement, gave the last daily treatment. April 9th, pain in urethra leaving rapidly. April 11th, no pain in the urethral passage—a condition unknown before for many years. General health greatly improved. The morbid growth rapidly disappeared until it became entirely extinct. Injections and washing out of the bladder kept up once a week until June following.

To the foregoing, taken from my notes, I will add at this writing, August, 1881, over two years later, the malady has never returned, and the former patient is in good health.

XIII.

Sub-Acute and Chronic Cystitis.

By F. W. Adriance, M. D.

Perhaps no disease involving any portion of the urinary tract and unaccompanied in the main with danger to the life of the patient will prove so obstinate under internal medication and afford so much dissatisfaction to both physician and patient, as will cystic inflammation which has been allowed or has continued till chronicity has obtained. An ordinary acute attack of cystitis may be, and usually is, speedily brought under control by proper treatment, if the attention of the physician is called to the condition at an early stage. That state of inflammation of the bladder to which I wish to call attention in this paper, may be designated as the sub-acute or chronic, and in the majority of cases, either one or the other of these stages are reached before medical aid is called upon, especially in females.

The treatment of a number of cases of this character by remedies administered internally with but indifferent results, led to the use of local treatment as will be presently described. Nearly all of the cases presented the following symptoms. Frequent micturation of high colored or muddy looking urine in small quantities. Urine at times bloody and passed with excessive pain. Much heat and burning at the neck of the bladder and in the urethra. Pain especially after urination, of an intense burning or cutting character. In some cases, slight feverishness, accompanied by diminished appetite and headache. The inflammatory condition seeming to involve the neck of the bladder and urethra. The remedies used were Bell., Canth., Bry., Sulph., Can. Sat., Nux., Balsam of Copaiva and Populus. The Balsam of Copaiva gave the most satisfactory result of any internal remedy used, and from a careful testing of it in cases, I am led to believe that it corresponds as closely with the pathological condition of the disease as any remedy that we possess. For the irritability of the bladder which is likely to remain for some time after the inflammation is relieved, the use of the Populus Tremuloides will prove an efficient agent. (See Hale's New Remedies.)

The local treatment to which I have referred, consists in the thorough washing out of the bladder and the injection of a medicated wash. My mode of procedure is as follows: A soft rubber catheter, well lubricated with Vaseline is introduced into the bladder and the urine contained drawn off. Warm water to the amount of from six to twelve ounces is then injected by introducing the nozzle of an ordinary family syringe into the mouth of the catheter, the water so injected is then allowed to escape through the catheter as soon as the bladder is empty, two ounces of warm water medicated with twenty drops of Fluid Extract of Hydrastis is injected and the catheter carefully removed to prevent its escape. When great soreness exists an injection medicated with Fluid Extract of Hamamelis is of benefit. When the urine is fetid occasional carbolized injections are desirable.

The treatment in nearly all cases will extent over a period of from two to three weeks, injections being used each night for the first week, and during the balance of the treatment every other night. Populus should be given for several weeks after the discontinuance of the local medication should there remain an irritability of the bladder as is usually the case.

The injections should always be used at night as during sleep the medicated solution is longer retained to exert its curative influence. During the first week the patient should be confined to the bed and during the second or third weeks should avoid being on the feet for any length of time and should do no lifting or straining. The advantage of this local method of treatment, will become apparent when we consider the character of the lesion. With the muscular coat of the bladder denuded to a greater or less extent of its mucous lining and constantly exposed to the irritating influences of the urine it will not be difficult to understand why we so often obtain unsatisfactory results from remedies given internally.

XIV.

Clinical Case.

By L. M. Kenyon, M. D.

H. S. B., when born last November was a nice healthy boy, and continued so to be for a time, but unfortunately his mother did not supply him with sufficent nourishment, and they were obliged to give him a bottle in part, and by the time he was three months old the natural supply failed entirely and he was fed by the bottle entirely, about this time there appeared indications of crusta lactea which increased very rapidly until the whole head and face became one solid mass, piled up to an immense thickness in some places, the crusts were hard and firm, and on pressure a milky form of matter would ooze out, this continued for some time being apparently unaffected by any remedies used, the child all the while growing more and more plump and fat, until Mezereum 3000 was given, when a speedy change for the better took place, but with this improvement came trouble with stomach and bowels, the milk (same as had been used) would be thrown up in curds, and the bowels became loose with watery and lumpy stools; I will add here that there had been no applications to the head and face, except warm water and a little soap used in it just sufficient for cleanliness; from this time on it was a complete see-saw condition, when the head and face were better, the stomach and bowels were bad, and vice versa; the stomach and bowel trouble always began with sour vomiting generally curds, stools thin and watery, changing to green and lumpy, and invariably Calcarea Carb. 200 would bring a change for the better in this respect and the first trouble would at once become worse. Early in the spring the mother went to Lockport, thinking a change might be beneficial, and treatment was continued by verbal

reports. While there the condition modified, the digestion was generally better, and for a time the head and face was no worse, but about July 1st the digestion became deranged, stomach irritable, bowels loose, and at the same time the skin trouble was decidedly worse, thus changing the course from what it had been up to this time. I visited him at Lockport July 7th. I found the scalp and face fairly one solid crust, worst than I had seen it at any time before, one eye completely hidden, the cheeks so bad he could not draw on the bottle, and he had to be fed with a spoon, the bowels very loose, thin, clear, watery, no pain, quite frequent. Phos. Acid 200 gave great relief for a few days, but head and face remained the same. About a week after I saw him again, there was a renewal of bowel trouble, but the very forcible dejections led me to give Croton Tig. 200, the result was very happy, as the bowels were promptly controlled and the first trouble showed quite an improvement, this continued nearly two weeks, when a fresh attack of indigestion came on, the stomach rejected nearly every thing taken into it, the bowels would fill up, and then it would be poured off. Pod. Pelt. 30 controlled this attack, the stools were watery, painless and offensive. Following this the stomach did not regain its usual tone, and in spite of several remedies remained somewhat irritable. Aug. 2d he was brought back home and from this time the bowels (which had kept pretty well,) were very bad, stools frequent, very changeable, moving frequently within 24 hours, profuse watery, green lumpy, mucus, bloody and green watery, changing every 2 or 3 hours. Some days very considerably relieved, then suddenly worse, the stomach all this time quite irritable, taking but a small quantity of nourishment and frequently rejecting that, the head and face gradually improving, the child was slowly loosing flesh, and strength. Aug. 13, Dr. Wright was called in consultation he agreed with me that there seemed little if any hopes, the condition was one of extreme emaciation, bowels moving every 20 or 30 minutes, green mucus, sometimes tinged with blood, considerable tenesmus, great restlessness, craving for drink which is instantly thrown back, and when moved or anything put in the mouth a gaging peculiar in that with every effort, the mouth was stretched wide open to its utmost extent, and nothing thrown up except when immediately after a little drink, it was a very distressing thing to see, the extremities were cold, various remedies had been used, and all failed. I gave at this point Cuprum Arsenicosum 30 with a most happy effect, improvement was manifest in a very short time, the peculiar retching was controlled, the bowels ceased all motion, and passed a week without, when Graphites 4000 brought a healthy stool, the appetite is good, head and face nearly well, and the child improving in flesh and strength daily.

XV.

Clinical Case.

BY W. B. KENYON, M. D.

I was called to see Mrs. M., aged 23, years July 29th 1881, found her eight and a half months pregnant, primipara; her condition was that of general dropsy, feet, limbs, abdomen, arms, face, the neck was so bloted that she could not fasten any dress around it, the limbs and feet so that she could not get stockings that she could get on, this condition had been gradually coming on for two months and no advice had been sought; a careful examination and history of the case failed to give any clue to the cause of the trouble, the action of the kidneys had apparently been normal and she had had no symptoms of an unpleasant character, in fact I could learn nothing except the uncomfortableness of her condition, the urine was carefully examined and the various test failed to show any thing abnormal, then she received Apis Mel. 30. She continued to use this for a week with no improvement or change except that she could lie down, or sit in a reclining position with more comfort.

On the morning of August 9th, I was called at 5 A. M., and found her in convulsions, there had been two or three very severe ones before I arrived, there was no warning given of any disturbance up to the moment of the first convulsion. I found her in the interim unconsious, heavy, blowing respiration, pulse could not be counted, face pale in interim but somewhat turgid during convulsion, the spasms were clonic and were purely of an epileptic character, except the fact that no sensation or warning was given of the onset or return. Gave Chamomilla 30 every half hour. At 9 A. M. no improvement had taken place, pulse 80. Gave Nux Vom. 30 and Chamomilla 30 alternate every half hour. At 12 M. she was more quiet, could be roused so as to recognize those around her, no other change, pulse 85. At 3:30 P. M., has had only two convulsions, face more turgid, pulse 85. Gave Belladonna 30 and Chamomilla 30, in same way. At 5 P. M., marked improvement, no more convulsions, perfectly conscious and quiet. At 6:30 P. M., waters broke, still no pain of any account, os only slightly dilated, the remedies were continued at longer intervals, pains did not become severe until 3 P. M., next day, but no more convulsions.

She was delivered at 5 P. M., of a nice healthy boy, the recovery was rapid and she sat up the eleventh day. August 18th I dismissed her, the dropsical condition having entirely disappeared, and she quite well. The flow of milk was free and normal in all particulars.

XVI.

Chills and Fever.

By Clarence M. Conant, M. D.

We have no new theories to offer regarding the origin of malarial disease, but simply a few observations to make as to the application of well known methods of cure, and a few cases to report.

In the first place, Quinine is not a specific for chills and fever. Indeed we doubt whether the homœopathic remedy can ever be specific to the disease, (*any* disease,) since it is always specific to the symptoms, and these are ever variant. Nor can we admit that crude Cinchona preparations are ever of value in this disease, unless in the rarest instances, as palliatives. There is, however, a certain type of chills which calls as surely for Quinine (in potency) as does another type for Arsenicum or Ipecacuanha. Of this, more further on.

Probably few homœopaths who have treated chills and fever for several seasons, in the same section, will doubt but that there are epidemic remedies for this plague. In other words certain drugs do better than others during particular seasons, somewhat independently of the symptoms. For the past two summers Ipecac. has cured at least seventy-five per cent. of all cases of chills for which it has been prescribed in Orange county, and especially during the present season. In 1879 Gelsem. cured cases of chills with frontal headache, bone pains and nausea;—a circumstance unparalleled in our experience. It cured the great majority of all cases that year. We therefore think that, by close watching and converse with brother practitioners, we should acquaint ourselves as to what is the epidemic remedy for the present summer as early in the season as possible. This year the New York *Medical Times* published in its June number the fact that Ipecac. was often called for in chills and fever this year—a conclusion we soon verified.

The symptom of the time a paroxysm sets in is a very valuable one, especially in a general sense; that is, does the chill begin in the morning, forenoon, afternoon, or evening? And we believe many drugs have a time so exact that it may be limited to within or about certain hours, always excepting the epidemic remedy which comes and goes as it pleases. Thus we have never seen Nat. Mur. case chills occurring after noon. Both the Eupatoriums and Nux have also a morning chill, and their use will be usually fruitless for evening paroxysms, with very rare exceptions. Cedron is a glorious drug for chills and fever, but it never cured a case for us with chill prior to 3 P. M. Cactus never cured any case for us except the chill occurred very close to eleven o'clock, morning or evening. Gelseminum and Pulsatilla are also afternoon and evening remedies. Arsenicum corresponds to almost any time of day, but especially to chills occurring from noon till early evening. Verat. Alb. will often cure chills occurring close to six o'clock in the morning. The Ipecac. chill is either early morning, between 12 and 2 P. M., or about 5 P. M. But this drug seems to possess a peculiar property for developing malaria. If your case is indistinct, mixed up, chill sometimes one time, sometimes another, look very closely for an Arsenicum picture. But if you can't find any drug

well indicated, give Ipecac. Frequently it will pleasantly surprise you by a prompt cure. But at least in twenty-four hours it will so develop and straighten your case that you will see some drug well indicated.

The homœopathic drug does not suppress the disease, it *cures* it; therefore do not expect a sudden stoppage of all the obnoxious paroxysmal phenomena. We have seen chills stopped with the 30th and 200th potencies, as if suppressed by a liberal dose of Quinine, but such results are rare. A marked change in the paroxysm, however, is always encouraging. Sometimes the chill is reduced to almost nothing; sometimes the patient passes from a hard chill into a pleasant perspiration without the usual fever, or each stage is lighter and marked by less suffering, although the whole paroxysm is completed as before. The following is a type of a large class of cases, and illustrates our idea of what indicates Quinine and how to give it:

Mrs. D. complains that her little girl, four years old, is miserable every forenoon. About nine o'clock the child is very cold, although it is summer; shakes, and wants to lie down and be covered up. In about an hour, fever comes on and she is thirsty and sleepy, and complains that her head is heavy and aches some. By noon she is in "a nice sweat," and wants to get up, eats a good dinner, and is as well as usual all the afternoon, excepting a little weakness. ℞. the first cent. of Quinine every three hours. The next day the whole paroxysm was lighter and shorter; the next less yet; the third day a mere indisposition, and from thence the child was well. After twenty-four hours, the medicine was given morning and night only; and, when the chills ceased, once a day for a week, and then dropped. This was June, and there has never been a return. I cannot help adding that I have tried higher potencies of Quinine for similar cases without the slightest result. This strict regularity and orthodoxy of the paroxysm we have come to regard as characteristic of Quinine; and we find it very often called for in the intermittents of children. For an irregular, undefined paroxysm, presenting a great complexity of symptoms, Dr. Wm. H. Holcombe recommends the Arsenite of Quinia. We can testify to its efficiency, especially in anticipating chills.

On the 16th of March we were called to a young lady, who presented the following symptoms: Every other morning, at times varying from 7 A. M. till noon, she had a severe chill, with intense nausea, and vomiting of green, watery mucus. With the chill, severe aching all over, (head included,) which continued through the fever, a moderate perspiration concluding the paroxysm. She received Eupat. perf., which did absolutely nothing. The nausea remaining so prominent, Ipec.^{30} was given, and, on its failure, Ipec.^{200}. Then Nux v. 30th was tried. On the 30th of March she got the first cent. trit. of the Arsenite of Quinine, a grain every three hours. Two less violent paroxysms succeeded, when the disease vanished. The medicine was continued two weeks, at lengthening intervals.

In the month of February a man applied to me on account of a certain dizzy, unpleasant feeling in his head, associated with wakefulness, distress in the bowels, and some headache. He received, successively and unsuccessfully, Gelsem.^{1}, Hep.^{3}, and Nux v.^{3x}. On the evening of the 2d

of April he was seen at home in bed. The day before, he had suffered a sharp chill about 3 P. M., with severe pains all over, (especially in the head,) followed by fever and a light perspiration. We were sent for but being out of town in a consultation, an allopathist was summoned, who gave Cinchonidia. To-day he has had no chill, but about 3 P. M. the headache set in with full violence. Pain worst over left eye; very sharp, darting pain, which sometimes seemes to be also in the ball of the eye. He thinks the headache is worse than yesterday. He got Cedron first cent., one grain every hour. The headache recurred every other day for three times, and then vanished, and with it all the dyspeptic phenomena for which we had previously prescribed. We might add that, after taking the second dose of Cedron, the headache was decidedly alleviated. We regard Cedron as a *certain* remedy for afternoon chills associated with left-sided headache, severe aching in the limbs, and sometimes numbness of the extremities.

A baby had a chill every afternoon about two o'clock, then fever, and finally some perspiration. But what particularly attracted attention was an incessant nausea. The child vomited, frequently, mostly what he had eaten; but, during and after the chill, green, watery mucus. He got Ipec.^{30} in water every hour, and has never had a chill since, (1880).

A lad complained of chills occurring every alternate morning, at times varying from 7 till 11 A. M. An intense chill, long-lasting, with blue nails and little shaking. During the last part of the chill and the fever, he is "deadly sick" at his stomach, and vomits (his sister said "tremendously") first breakfast, and then sour, bitter, green water. The vomiturition is very violent and long-continued. He then has fever and a slight sweat, and goes to bed early, exhausted, but is bright the next day. He got Ipec.^{30} every two hours. The next "chill day" he felt rather poorly, but never had another paroxysm, and was soon well.

A little lady had suffered from chills and fever (and allopathic doctors) two years, and was taken as usual. Her mother said, "Now I want to see what homœopathy can do." The child had a chill every alternate day, about half-past twelve or one o'clock P. M.; some days as late as two or half-past two o'clock. No headache, no pains, no special thirst. Chill is very long and severe, with and following it some nausea and vomiting. She got Ipec.^{200} every two hours. Next "chill day" the chill was as hard as ever, *but there was no fever*, as she passed into a gentle perspiration from the chill. The same medicine was continued, and she has never had another paroxysm.

One of my colleagues reports good success this year with Bry., and another with Verbascum. The former has seemed well indicated in several cases, but has failed in our hands; the latter we've not tested. We could report to you a multitude of cases cured with two remedies in alternation, but we do not believe such practice is worthy of parade or imitation. Our most frequent alternations are Ars. and Nux., Ars. and Eupat. perf., Eupat. and Nux., Ars. and Gels., Gels. and Nux. Many use Puls. much for chills and fever. We have frequently tried the 3x, the 30th, 200th and M., but have always failed. Two years ago, Dr. H. I. Ostrom, of New York, suggested to us that Eupat. purpureum was often useful, and so we have found it. When Boneset seems indicated, and fails, Queen of

the Meadows will often effect a gracious relief. In fact, close observation will sometimes lead us to choose Eupat. Purpureum where Boneset seems indicated by a superficial consideration of the case. Young physicians will not infrequently be tormented by cases of intermittent in which dysuria and even suppression of urine are prominent symptoms during the paroxysm, apyrexia or both. In such cases Eupatorium Purpureum should always be studied, and will often relieve.

XVII.

My Favorite Attenuation.

BY HERBERT M. DAYFOOT, M. D.,

In common with other seekers after light I have travelled up and down the scale of attenuations testing, doubting, hoping. I have been both encouraged and discouraged. Having no hobby to bolster, no predjudices to remove, my objective point has been results—practical and positive. And after fourteen years I cannot say that I am satisfied, but my experience goes for something—to myself at least.

Apart from the mother tincture or first decimal I have derived more satisfaction from the use of the twelfth decimal than any other "potency" (so called). I have not made use of the microscope to ascertain how much, if any, of the drug material is contained in this preparation. I think I would have common sense enough to be convinced that there was *force* of sufficient amount employed if a well directed blow straight from the shoulder caused me to assume a horizontal attitude, and so I trust I have enough medical sense to recognize and appreciate any remedy or any attenuation that will cure my patient promptly and efficiently without being too captious as to the amount and character of the drug represented.

Subjoined are a few instances of recent date where the 12th dec. has been used to advantage.

Twenty-four hours after birth child had failed to pass urine notwithstanding saffron tea, nitre &c., inflicted by the old ladies without my knowledge. Could discover no obstruction and ordered warm applications over the region of the bladder for twelve hours longer without success. Then prescribed Aconite^{12x} in water give one-half teaspoonful and repeat in two hours. After the second dose a copious flow of urine resulted.

Mrs. W. works in a canning factory. Has been annoyed with a tickling cough about four weeks. Sensation as if she were breathing the fumes of sulphur although none is ever used in the manufactory. Violent paroxysms of cough day and night—nothing appears to palliate. ℞ Lycopodium 12x in pills. Seven pills three times a day. Relief after twenty-four hours. Cure in four days.

Lottie M., æt. 14, has been sick since March. Headache, night sweats and profuse menstruation occuring every three weeks. Had been treated for "liver complaint," malaria, chill fever and a few other diseases.

Blue pill, vegetable cathartic pills, iron, quinine, strychnine, &c., failed to relieve. Friends became alarmed and I was sent for on July 19, and found symptoms as follows: Pulse 120 small and weak. Temp. 101½, urine light color no albumen. Has had chills sometimes followed with fever but without regularity.

Syncope on rising in the morning. Gradual loss of strength—marked emaciation. Waxy appearance of the skin. Swelling under the eyes. dyspnœa, palpitation of the heart, backache and almost entire loss of appetite. Diagnosis—Chlorosis. Prescribed Arsenicum Alb.^{12x} (trit.) three grain powders four times a day.

Improvement commenced at once and continued without interruption so that at present time, Sept. 2d, my patient pronounces herself perfectly well, every unfavorable symptom having disappeared as by magic and she now enjoys better strength, color and appetite than ever before, and that under no other remedy than Arsenicum^{12x} except a single dose of Ignatia. The friends and neighbors look upon her as one raised from the tomb and I must confess I too am slightly though agreeably surprised, I did not believe it to be in the power of medicine to work such a rapid and radical change.

In gonorrhœa and gleet, Digitalis and Pulsatilla of the same attenuation have in my hands cured case after case and that too in a prompt and marked manner. My friend Dr. Traver, of Perry also testifies to the same happy experience.

I do not claim anything specially wonderful about these cases they are simply a specimen of one-half of the every day work of the general practitioners and it is in similar cases the 12thx has proved so efficacious.

But it may be argued these illustrations prove nothing for the efficacy of the 12x over other attenuations, that at the best they are exemplifications of the homœopathic law. Well even that is better than nothing, though I have no desire to spend my time uttering platitudes eulogizing *Similia Similibus Curantur* before this honorable body—it would be too much like bringing coals to Newcastle for we all believe and *know* that similia is as trustworthy and enduring as the rock of ages, and why try to prove an axiom? My object is to contribute my mite toward the solution of the vexed question of dose, and while others may assert that equally good success might have been secured with higher or lower attenuations, so long as I can achieve such positive results with the 12x what care I for any other? In a case however, of eczema genitalium where Rhus Tox.^{3x} had been prescribed in vain by a distinguished professor in one of our western colleges. I cured the case promptly with the 12th attenuation of the same remedy.

XVIII.

A Few Thoughts Concerning the Water Supply of Cities.

BY H. L. WALDO, M. D.

It is not necessary to remind the members of this Society that nothing, except pure air, is as essential to the life and health of a thickly-settled community as pure water. There is a constant demand, in the human body, for water, and life can not be sustained unless this is regularly furnished in considerable quantities. The demand for it is imperious. It is not a luxury to be enjoyed, if an abundant supply can be obtained at moderate cost, but a daily vital necessity. Have it we must, or die. If we cannot obtain it as pure as it is distilled from Heaven, we must take what we can get, though it be saturated with filth and the germs of fatal disease are in every glass. If we can not obtain it clear and colorless, we *must* have it though it be yellow or brown with mud or excrement. If we can not obtain it colorless and tasteless, we must drink it as we can get it, though the stomach reject it and sickness and death follow its use. We are *certain to die* without it; we can but die if we drink it; and so we drink, for years, water that impairs our health and ultimately shortens our lives. It is the duty of physicians, as the conservators of the public health, to take higher ground than they have hitherto occupied in urging the importance of pure water for domestic use. There is no fact in medical science more certainly established than that several diseases, of which typhoid fever may be taken as a representative, are more frequently caused by the use of contaminated water than by all other agencies combined. It is probably not necessary, before this Society, to enter into details to prove this point. The results of extended investigations upon the pollution of rivers in England, and the experience of thousands of physicians, demonstrate this to be a fact. The germs of typhoid fever and cholera seem not to develop their respective diseases when received directly into the system from one suffering from the disease, but a period of development outside the body seems necessary. This development goes on readily in the excreta from patients, when these excreta are disposed of in the ordinary ways. In our privies as ordinarily constructed, in our sesspools, sewers and running streams, to which these excreta have access, these disease germs soon reach that stage of development in which they are capable of producing their specific diseases. These germs are very tenacious of existence. Cases of typhoid have been known to occur months after the infecting case in a community had recovered; and this, no doubt, often accounts for the appearance of those so-called spontaneous cases in communities where no previous case has occurred for years. It is believed that no case of typhoid fever and no case of cholera will occur except where there has been a previous case from which the contagious element may be derived.

As previously stated, the researches of experts in hundreds of epidemics have proved that contaminated drinking water was the vehicle by which

the contagion was conveyed. Liebermeister says: "In general, we can say that the disposition of any locality to an epidemic of typhoid fever depends largely upon the extent to which the inhabitants breathe or drink the contents of their privies; the greater the chances of this are, so much the greater are the probabilities that the introduction of an imported case of typhoid will cause an epidemic." Liebermeister cites several epidemics which were, beyond question, produced by the contamination of distributing reservoirs or aqueducts by the dejections from typhoid patients.

Reservoirs most easily become contaminated when they are so situated as to take the drainage from manured cultivated fields or inhabited districts. The contents of privies are often mixed with manure piles gathered from stables, and, when not so mixed, are often spread upon the soil; and where these fields drain directly or indirectly, through the intervention of running streams, into reservoirs, the germs of disease, if any exist, are sure to find their way to the water consumers. Probably most reservoirs in this country are so constructed as not to receive *directly* the surface water from fields or inhabited districts; but, to my certain knowledge, *all* reservoirs are not so constructed. Where waterworks are in process of construction, it is the duty of physicians in the community to protest against locating the reservoir in a ravine where it will catch the drainage from hundreds of acres of agricultural lands. Where this is done, it is a scientific certainty that disease, among those using the water, will be the result sooner or later. It is often argued that the small amount of pollution entering a reservoir with the surface water collected from manured fields can do no harm when mingled with so large a body of water in the reservoir, but this argument is untenable in view of the results of modern researches. Water in which no disease-producing agency can be detected, by either chemical analysis or the microscope, is often the cause of disease and death in a large percentage of those who drink it. It is not the quantity, but the quality of the impurity in waters, that renders them dangerous to life; and we may lay it down as a rule, to which there are no exceptions, that reservoirs receiving drainage from manured fields, on which there is any possibility that human excrement has been deposited, are sure to produce disease among those whom they supply.

As stated above, most reservoirs are so situated that they can receive no drainage directly from manured fields or inhabited districts, but their source of supply is generally such that it is as certain of contamination as if it were received directly from sewers and privies. Most of our larger towns are situated upon rivers, from which, almost universally, their water supply is obtained. Upon many of these rivers, like the Hudson, large towns and cities are situated but a few miles apart, upon their banks, and into these rivers is poured all the sewage and filth of these cities. By the action of currents, tides and waves, this sewage is thoroughly mingled with the waters of the river.

Dr. Frankland, (quoted by J. A. Judson, in *Popular Science Monthly*,) before the Royal Commission on Water Supply in England, stated that it was impossible to remove the sewage contamination from water by any known process, natural or artificial, so as to render it harmless, except by

long boiling or by distillation; "*no system of filtration will secure its removal.*" Many instances are recorded in which water, after filtering through many feet of soil, still contained the germs of disease which it was thought could be thus removed, and we have all of us seen instances of the contamination of wells situated many feet from the source of the infection. I am fully persuaded that any attempt to remove disease germs from river water by filtering it at the reservoir must be a failure.

We often hear it said that the waters of a river will purify themselves in running a few miles, and that there can be no danger in using river water eight or ten miles below a large city. Without doubt, water becomes purified after a sufficient exposure to the air, but a distance of a few miles is not sufficient for this in a running stream; it barely gives time for the sewage to become thoroughly mixed with the water. The English Rivers Pollution Commissioner, Dr. Mapother, of Dublin, and Dr. Folsom, of the Massachusetts State Board of Health, furnish abundant proof that river water contaminated with sewage is unfit for domestic use, even many miles below the point of contamination. Dr. Mapother reports forty cases of typhoid fever resulting from the use of river water which had been contaminated with typhoid dejections twenty-five miles up the stream. I have not space to quote at length from authorities to prove these points, which I think will be admitted by all.

The city of Troy is supplied with water which is pumped from the Hudson river about three miles above the city. After passing through the sewers of the city, a large portion of this water again enters the river, and at Albany is again pumped into a reservoir, and finds the river after traversing long lines of sewers. At Hudson the same process is repeated, and I doubt not that other towns along the river are supplied from the same infected source. Is it any wonder that cases of typhoid are constantly occurring in these cities, the origin of which are undiscovered, and that diphtheria and other fatal diseases are so prevalent among a class that naturally would be exempt from them? I have seen whole wagon loads of garbage and manure deposited in the river at Troy, not four miles above the point at which the water supply of Albany is obtained. Do you suppose the people of Albany can drink such stuff without being made sick by it? I do not believe they can; and I do not believe that the diluting it receives in the river is sufficient to remove from each glass full of it the danger of conveying disease. The people of our cities are unwilling to pay for pure water; they prefer to drink the disease-engendering sewage of their neighbors or the surface water from stagnant ponds rather than spend a few millions in bringing pure water from the mountains, but a few miles distant. They do not appreciate the fact that it is human life that is risked, and that beyond question many lives are annually lost through diseases produced by impure water. The medical profession is criminally negligent in this matter. This is not the place for educated men to be timid. They should remember that the lives of the people are in their hands, and that most people are ignorant of the danger lurking in the glass of green or yellow water they are forced to drink. When, from motives of economy, it is proposed to forced a hundred thousand people to drink water contaminated with sewage, it is the duty of the profession to warn the people that this means an annual sacri-

fice of perhaps a hundred lives. It is the duty of the profession to show that what is saved to the treasury of the city is paid by the woes of parents mourning for their children sacrificed to this economy; is paid by the lives cut short by the diseases this impure water engenders; is paid by the suffering which many endure through weary years, ignorant of its cause.

Probably no town in the State suffers more from the effects of impure water than does the village of West Troy. The reservoir is situated in a ravine between two clay hills, and was made by simply building a dam across the lower end of the ravine. It receives all the surface water from many acres of richly manured lands, besides the drainage from extensive cattle and swine yards. Most of the fields immediately adjacent to the water have hitherto been employed as pasture lands, and from twenty to fifty cattle have been allowed daily to stand for hours, belly-deep, in the water of the reservoir. About eight rods from the water and fifty feet above it, upon the brow of a hill which slopes directly to the water, stands a slaughter-house, in which twenty cattle are, on an average, daily slaughtered. All the floors of this slaughter-house slant toward the reservoir, into which also all its drainage flows. About half of the ground between the slaughter-house and the reservoir has been occupied for years as a swine-yard. In this yard from twenty to a hundred swine have been kept, and fed upon nothing but the offal from the slaughter-house—*all* their excrement, and *much* of the offal which they do not eat, flowing directly into the reservoir, which is not over thirty feet distant. A portion of the offal is placed upon adjacent fields to decompose, so located that, with each freshet or general thaw, its soluble matter is carried with the surface water into the reservoir.

When the flow of surface water is not sufficient to supply the demand, this reservoir is replenished from the Mohawk river. It is unnecessary for me to tell you that this water, in hot weather, has a most disgusting smell and sickening taste. Last summer, many cases of sickness resulted from its use. The odor arising from the streets sprinkled with it was sufficient to produce nausea; and, in many cases where it was used for drinking, loss of appetite, diarrhœa, headache and fever were produced. Several cases of filth-fever or sesspool-fever have occurred. The protests of citizens have thus far failed to produce any decided improvement in the water. Never was it as bad in the winter time as it is this winter. The slaughter-house owners have thus far successfully defied the Board of Health, and the owners of the waterworks have replied to the indignant protests of the people, in the words of the immortal William: "What do you propose to do about it?"

XIX.

Epidemic Jaundice.

BY ALEX. V. STOBBS, M. D.

Murchison says, (see his "Clinical Lectures on Diseases of the Liver," pages 402 and 403): "Most writers on jaundice refer to its occasional occurrence in the epidemic form. In some, not a single patient has died. On the other hand, in an epidemic which prevailed at Essen, in 1772, which attacked chiefly children, it assumed an intermittent type, and was characterized by delirium and other nervous symptoms. A large proportion of the patients perished." He details a number of epidemics that have occurred at different places and at different times.

The causes of this form of jaundice he refers to "malarious poison," "chill," or other "atmospheric influences." The mechanism of the jaundice, he thinks, is due to congestion of the liver, or catarrh of the bile ducts; but other cases, attended by delirium and typhoid symptoms, and that were extremely fatal, bore a close resemblance to acute yellow atrophy of the liver. Other writers* on this disease explain the symptoms as due to duodenal catarrh, and, as a consequence, obstruction of the *ductus communis choledochus.*

Perhaps these views may all be correct for the different epidemics observed by the writers; but for those attended by myself they fail to explain the cases as they appeared to me. I have observed two epidemics of jaundice—the first in the winter of 1872, and the last in the fall of 1878. The number of cases seen in the first was three, and, in the last, twelve. In all these cases jaundice was well marked in the color of sclerotica, the skin, the urine, and in the absence of color from the fœces. There were other cases that had the same symptoms as the others, such as pain, anorexia, constipation, and occasionally diarrhœa in some cases without the jaundice; and some of them occurred in the same families that the jaundice ones did.

Before going any further, I will state that I believe epidemic jaundice to be an acute infectious inflammation of the pancreas, attended by swelling of the gland, and that this explains all the symptoms that are observed in this disease. From the analogy of this gland to the salivary glands, might we not call this trouble "mumps" of the pancreas? Let us examine briefly the typographical and anatomical position of the pancreas in relation to the other organs. Freidreich says: "The pancreas is a long, narrow acinus gland, which lies crosswise behind the stomach and left lobe of the liver. It can be exposed its entire length by cutting through the gastro-colic omentum, parallel with the lower border of the stomach; and, by drawing the stomach upwards and the transverse colon downwards, the pancreas will now be seen at the bottom of the sac of the omentum, covered by peritoneum. The middle portion of the gland lessens toward the tail, which reaches as far as the hilus of the spleen, with which, as also with the kidney and supra renal capsule, it is connected by loose areolar

*See "Flint's Practice," article on jaundice.

tissue. Towards its right extremity the gland increases in size, especially in an upward and in a downward direction, so that the entire organ has, in some measure, the appearance of a hammer. The ascending portion of the head lies in the cavity of the duodenum, and is connected with the ascending and descending portion by means of dense areolar tissue. The descending portion, the so-called pancreas parvum inclines backward and outward," and mark this, "sometimes even forms an almost complete ring around the duodenum."

This much for a brief view of the gland itself. Freidreich says: "We are indebted to Wyss for exact details of its typography. As a rule, fifteen times in twenty-two the bile duct descends near the head of the pancreas toward the duodenum. Not rarely it goes through the head, but in such a way as sometimes to be only partially, sometimes entirely surrounded by gland substance."

It is not necessary to go into detail of the rest of its anatomy or typography, as my object is simply to show how an inflamed and enlarged gland can, by pressing on the *ductus communis choledochus*, cause a partial or complete stoppage of the flow of bile through—hence, being pent up in the liver and biliary passages, jaundice results.

As I said, in the fall of 1878 I had a number of cases of jaundice, the youngest patient being three years old and the oldest twenty-one. The disease generally commenced by an undefinable bad feeling in the epigastrum, followed in from twelve to twenty-four hours by severe pain and vomiting, much like an attack of acute gastritis from indigestion. There would be a quickened pulse and a temperature of from 102 to 105, and sometimes an anxious expression of countenance. (The countenance in one or two of the cases, during the third or fourth day of the disease, resembled closely that seen in cases of shock from acute peritonitis, and in several cases I have seen the "grass-green vomit.") This would continue twelve or twenty-four hours, and then the conjunctiva would turn yellow and the urine like saffron, and shortly the skin would become jaundiced; sometimes greatly so, and at other times slightly. At this stage the temperature would sink to the normal, and I have seen it one-half degree below. The pulse would also get slower. During this stage there would be no vomiting, although the stomach would be slightly nauseated. The bowels sometimes would be constipated, and at other times the decomposition of the food, from the lack of bile and pancreatic juice, would get up an enteritis, and with this there would be a diarrhœa. Generally, the disease lasted from seven days to two weeks, when the urine would become clear and the conjunctiva lose its jaundiced look, but the skin would remain yellow for some time, the biliary coloring not being absorbed from the epidermis, but disappearing with the natural desquamation of the epithelium. The disease would generally attack a number in the same family, but other persons from outside, however freely they mingled with the sick, provided they did not become inmates of the family, would not have it.

I have seen cases of severe pruritis during its latter stages, and also urticaria. In the first epidemic I observed the victims would live through the jaundice, and then die, in from three months to one year, of the intense anæmia that followed—nothing seeming to restore to the depleted

blood its red coloring matter, although the organs of assimilation seemed to do their duty as far as I could discover. For some time I looked upon the disease as a gastritis running down into the duodenum and inflaming the bile duct, which closed, thus causing the jaundice. But this view I am inclined to question, from some later experience, and hence I have given the disease a different pathology in this article; and if it proves to be nothing more than suggestive, I think it will be of some use to the scant knowledge of epidemic jaundice. The facts on which I base the opinion of pancreatitis are as follows: In one of my patients, a delicate, emaciated girl of fifteen, there was a palpable enlargement in the region of the pancreas that was quite tender on pressure. The enlargement disappeared with the jaundice. In all the cases the region of greatest tenderness was that occupied by the pancreas.

In some of the cases not enumerated in this article there were all the symptoms, as far as tenderness, vomiting, fever, &c., were concerned, without jaundice, in the same family, and at the same time the others had the jaundice. In these latter cases I think the gland was inflamed, but the swelling was not sufficient to interfere with the potency of the bile duct, or else there was some anatomical anomaly in the typography of the organ that allowed it to swell without interfering with the bile duct.

The vomiting that is attributed to gastritis could be explained by the right pneumogastric nerve, supplying the pancreas; but there is no doubt that, in the height of the disease, there is a gastritis, as I have seen a hyper secretion of mucus expelled from the stomach.

As I have before observed, I just aim to be suggestive, and hope to direct your attention to this disease with the desire that if the opportunity of a post mortem occurs, you will examine the points here stated, and if they point to the pancreas it will greatly add to our knowledge of an organ but little understood. Pathologically its diseases are perhaps as little understood as any organ in the body. Indeed some good physicians have refused to believe that it is ever actually inflamed.

XX.

Acute Yellow Atrophy of the Liver and Its Treatment with Phosphorus.

BY GEO. E. GORHAM, M. D.

Acute yellow atrophy of the liver is comparatively a new disease in our nomenclature. While cases of malignant jaundice, associated with serious brain symptoms, have been occasionally recognized and described since the time of Hippocrates, it was not until Rokitansky, in 1842, investigated these cases, that we knew something of the pathology, symptoms, and course. Later, Frerichs, Murchison and Thierfelder have given us exhaustive articles on this very rapid and fatal disease. It is characterized by deep jaundice, rapid atrophy of the liver, usually immediately followed by or accompanied with greater or less disturbance of the brain.

Thierfelder divides the disease into three stages: A prodromal stage, commonly of two or three days' duration, resembling in every respect a gastro-duodenal catarrh. The appearance of jaundice marks the beginning of the second stage, which may be of few days' duration, or few hours only. During this stage, dull, aching pains are complained of in the hepatic region, and great soreness is found on deep pressure. Nausea and vomiting are also present, the substance vomited often having the appearance of coffee grounds; urine loaded with bile products; stools soft and clay-colored. With the beginning of the third stage we observe, in addition to the above, various brain symptoms; delirium, occasionally, of the most excited type, followed by stupor and ultimately coma, in which condition the patient sinks and dies. Thierfelder has given a tabulated statement of 102 fatal cases, of which thirty-seven died in less than ten days.

During the course of the disease, in all cases rapid atrophy of the liver takes place and can be detected by the diminishing area of hepatic dullness, except in cases of already existing organic disease with enlargement. The pathological researches show complete destruction of the hepatic cells, the liver yellow, and large portions of it a granular mass.

Different theories prevail as to the cause of this pathological condition, some claiming it is the result of an acute, diffuse hepatitis, in which the whole parenchyma is involved, and others that it is a retrograde metamorphosis, which takes place in this large gland, because of a very low state of the vital forces or because of some unknown poison in the system. The treatment of these cases so far has been of no avail, assuming that we had to combat an inflammatory process in the liver. Attempts have been made by cathartics, the abstraction of blood, and other general antiphlogistic means, but death has been the result.

Tessier reports one case, cured by Aconite; but his diagnosis seems to have been questioned, and therefore the prognosis, according to the eminent authors from whom I have quoted, is death in from a few hours to a few weeks.

Dr. Richard Hughes, of England; Dr. Holcomb, of New Orleans; and Dr. Burt, of Chicago, have called attention to the striking analogy between acute yellow atrophy and Phosphorus poisoning, and, accepting the law of similia, have advised the administration of this drug for the cure of acute yellow atrophy of the liver.

In the study of Phosphorus poisoning, in Ziemssen's Encyclopædia I find it is impossible to distinguish, in some cases—either from the subjective and objective symptoms, the general course of the disease, or the pathological state of the liver—acute Phosphorus poisoning from atrophy of the liver. It has been my fortune, or misfortune, to see two of these very interesting cases. The first was that of a lady sixty years of age. I was called to her at 2 P. M., she having been taken ill during the night. She was jaundiced, vomiting a dark coffee-ground mass, complaining of soreness when deep pressure was made on the liver. She was in a state of stupor, and died at nine that evening. A post mortem at which Dr. Bigelow and Dr. Nellis, of this city, were present proved the correctness of the diagnosis—acute yellow atrophy of the liver. The liver was a soft, degenerated mass, and reduced to one-third its normal size. I

learned, on inquiry, that the lady had passed through the prodromal stage above described, but had not called a physician. The second case came under my notice last September, and for five days I treated her with Aconite, Nux, Hydrast. and other seemingly indicated remedies, for what appeared to be gastro-duodenal trouble, pain, vomiting, soreness and slight fever being present. At the end of the fifth day jaundice appeared, which I thought was catarrhal icterus, supposing inflammation had extended to the hepatic ducts, producing occlusion. Hot fomentations were applied over the liver. Aconite, Bryonia, Mercurius and Pod. were given at different times, for three days, but my patient grew rapidly worse. There was great prostration, wild delirium, with stupor, pulse rapid and very weak, and, I believe at this time, quite marked diminished area of hepatic dullness. I diagnosed acute yellow atrophy, and gave the gravest prognosis.

Dr. Carroll saw the patient in consultation, and fully concurred in the diagnosis and prognosis. At nine o'clock of the same evening we decided to try Phosphorus, with patient sinking rapidly, a pulse of 126, respiration 30, and temperature 104. I gave Phos.2x, dilution of the alcoholic tincture fifteen drops in one-half goblet of water, teaspoonful every hour. The next morning the soreness and pain in the liver were less, and there was slight improvement in pulse, temperature and respiration. Steady improvement continued, much to the surprise of all, for two days. When wishing to be sure of the action of Phos., I discontinued it and gave Pod. and Bry. The pain and vomiting returned, and in twelve hours my patient was in every way worse, as shown by the increasing frequency of pulse, rising temperature, etc. Phos. was again resorted to, and under its continued influence in dilutions from the 2d to the 3d, she made a complete recovery in four weeks.

XXI.

A Few Cases of Typho-Malarial Fevers with their Origin.

BY N. OSBORNE, M. D.

Within the last few months I have been able to trace, directly, the cause of some ten cases of typho-malarial fever to the use of water from a certain well. In the south-western portion of our city* a public well exists, which supplies nearly all of the inhabitants of that district with water for drinking and domestic purposes. This well is located on ground lower than that occupied by residents, and, in addition, is within a few feet of a covered reservoir, which is used by the fire department in case of fire. This is usually cleaned out annually, and fresh water added; but this precaution was omitted last year, and as a consequence it remained there for many months and emitted a very odorous smell. This, from its

*Buffalo.

close proximity and the nature of the soil, (sandy loam,) must have entered, to some extent at least, into the contents of the well, and increased its fever-producing qualities.

On the west are a number of cheap tenement houses, on higher ground, provided with vaults or out-houses, into which are deposited the waste waters from the houses, together with the dejections of the inmates; and when the vaults became full it was only necessary to dig another pit and move the house thereto, sometimes leaving the old vaults partially or not at all covered with earth. As has been stated, these yards and out-houses were on higher ground than the well, and, as a consequence, whenever heavy showers of rain occurred the washing of these yards and vaults was carried down towards the well, and undoubtedly became more or less intermingled with its contents.

Such, then, was the location and surroundings of this well, which I think gives the most reliable proof going to show that it was from this well, and no other, that my patients received the seeds of their sickness.

The first of my patients was in one of the tenement houses before mentioned. The balance were in a block directly north from the well. One-half of this block is the property of one man, and is occupied as a residence by his family, consisting of ten persons. Besides this, he has some eight tenement houses covering the balance of this half of the block, all of which are supplied with Niagara river water. These tenants, together with the landlord's family, numbering nearly fifty people, escaped, to an individual, this fever or any allied disease, while the other half of the block not supplied by river water, and the tenants relying upon well water exclusively, not one family escaped; all suffered more or less. Three deaths occurred, and many cases of fever other than those which came under my own care.

I desire to call your attention to one family in particular, which I took charge of and which I claim gives the most positive proof as to the source from which this disease was propagated. A father, mother, two daughters and two sons lived in the same house, the father, mother and one son relying entirely upon the river water for drinking purposes, and all escaped the fever; while the other three members of the family, preferring the well water and using it almost exclusively, were taken down with the fever, one after the other, the son dying the fourth week of his sickness. This history of the fever in this family is the history of all I attended in that neighborhood. All cases of sickness of this nature occurring at that time, in that particular vicinity, so far as I have been able to learn, (and I have taken some pains to inform myself,) have been traced *directly* to the use of water from this well.

It is not often the sickness of this character can be so easily traced as in this instance, but may I not add that closer scrutiny and observation by medical men would and should, in almost every case, reveal the source. The well, the sewer, the vault, the soil, the surroundings, each or all may contain the germs of disease unsuspected by the inmates of the home.

It is the voice of the physician that should sound the alarm heralding the approach of danger, until the people shall have become educated to

understand the sanitary methods necessary in the construction of a healthful home and also to understand that the conveniences which makes our homes so comfortable and luxurious when rightly arranged, may be the very means of spreading the germs of disease and death when improperly constructed.

XXII.

Clinical Cases.

BY F. W. HARTWELL, M. D.

Case I.—Mr. W., æt. 51, a robust butcher, with the typical physique and temperament of this class of tradesmen, early in life of intemperate habits, but for several years only an occasional indulger. Early on the morning of Nov. 26, hastily ate two or three small wilted sweet apples which "set like so many bootheels." An hour or two afterwards he vomited his breakfast, but not, he thought, the offending apples. While lifting a quarter of beef at his market, at 9 A. M., he was suddenly seized by a very great pain "in his stomach," and hastened home, (one-fourth mile). At 10 A. M. I found him walking about in extreme distress, apparently suffering from a severe gastralgia. After a little time, whatever was taken into the stomach was soon ejected. Thorough attention and careful prescribing failing to bring any relief in eight hours, I could not but believe it a case of intestinal obstruction. Counsel was called, but all our efforts at relief, in view of this diagnosis, were futile, and on Nov. 27 older and experienced counsel was summoned, who promptly decided it a case of "gall-stone colic." The pain was still largely in the epigastrium, but extended somewhat to the right hypochondriac and umbilical regions. Brief seasons of quiet only were possible, and whether these were due to exhaustion, or cessation of pain, was not easy to determine. Symptoms of peritonitis soon developed. Extreme pain was almost constant, except when the patient was under the influence of narcotics, until death brought relief at 2 A. M., November 29th.

The *post mortem* discovered a rupture of the hepatic artery just where it passes through between the layers of the lesser omentum. The structures of the omentum had evidently hindred the free escape of blood into the peritoneal cavity, and a large mass of coagulated blood had been here formed, causing by pressure entire occlusion of the duodenum. Liver of seven pounds weight, but nearly normal appearance. All other organs normal. Was intemperance early in life the prime cause of this fatal hæmorrhage?

Case II.—Miss Lulu D., æt. 12, slight, light complexioned, sunny and precocious. Four days after the first signs of indisposition I was called. Yellowish, pearly pseudo-membrane covering nearly the entire fauces, hoarse,

annoying, very pungent cough, voice husky, pulse 116, tongue heavily coated, yellowish brown, frequent micturition during the night, marked prostration. The next day entire voicelessness, membrane very closely adherent, submaxillary glands much swollen, saliva extremely tenacious; annoying, strong smelling, watery urine with traces of albumen, morning headache, short-lasting puffiness of the eye-lids in the morning, fœtor of breathe, dull, heavy ache across the lumbar region, increasing prostration. Gave her Kali Bich.[200] The case made a slow but satisfactory recovery.

XXIII.

Individualize Your Case.

By H. K. Brasted, M. D.

Not altogether for diagnostic purposes, but for aid in prescription. The diagnosis is important. The treatment is *all important.* The determination of a disease, the concise description of it, the characteristics by which it is distinguished from the others, the scientific and scholarly tracing of all the symptoms, in their physiological bearings, and especially in so far as absolute knowledge is attainable of the present extent and importance and future termination, are very necessary. The diagnosis of a disease is generally acknowledged important, both in and outside of the profession. The nature of a disease, particularly in its pathology, in point of description and etiology, is elucidated by the clear demonstrations of microscopy, is not only pleasing to investigate, important to a relatively complete knowledge of medicine, but is essential to a homœopathist—enabling him to interpret symptoms and signs, and to view a case for treatment in the light of similar pathological conditions and not simply similar symptomatic correspondencies; and to be thereby enabled to prescribe a remedy whose pathology is in rapport with the pathological condition of the disease to be cured. Nevertheless, I can but argue the importance of individualization, as to the homœopathist, particularly more useful at the bedside than diagnosis. Without it there can be no great accuracy in the prescription, nor uniformity of success in treatment, as every disease has its own individuality, and requires for its treatment a remedy having a correspondingly similar individuality. To make a particular case, a *single one*, distinct in its being, i. e., to view it in the light of an individuality, seeing in it the clear picture of a remedy; to regard and study a case as one *sui generis*, and to separate from every other as though nosologists had not classed it with similar diseases and considered it to require the same treatment; to see in it a relation only to some remedy whose pathogenesis is similar in symptoms and of the same successive order as those of the case. To discern that peculiar property of a case—the distinctive character or sum of characteristic features which distinguish this case from every other of the same or different name, and to select a rem-

edy, *singly*, with the similar distinctive character, is to the homœopathist the great desideratum. This is pure homœopathy, nothing less is. What is required is the similimum, the remedy having in its pathogenesis the greatest number of symptoms, subjective and objective, of the case to be cured. That homœopathists recognize this in theory I concede, that they put it into practice without many exceptions, is not confirmed by my observation and conclusions, as drawn from a perusal of reported cases in medical journals and elsewhere. Many religious worshipers follow only a "mongril religion." They take delight in the services of God's house, and yet they are much at home with the god of this world. "So these nations feared the Lord, and served their graven images." Many homœopathists delight to learn of similia, yet they stick to their old gods—allopathic procedures, to satisfy the whims of their patients, to hold the case and homœopathic (?) remedies only indicated by a few symptoms, not by the totality. That this is very unfortunate both for the advance of homœopathy and for the highest interest of the confiding patient, is self evident to those who have tested and learned the mathematical certainty with which the similimum cures and relieves his case. The ignorance of many homœopathists of the need of individualization, their frequent indifference to it, "and the attempt to treat the theory of the cause, results in the charge so often made by physicians of the dominent school; that homœopathists are not honest in their practice." And this charge is perfectly true of many homœopathists, *so called.* "This endeavor to treat some *presumable cause,*" to the exclusion of a genuine and thorough search after the similimum, leads often to a treatment having no relation to homœopathy, if not opposed to it, or at least to *generalization* instead of *individualization.* "It is certainly a great satisfaction to know the cause of a disease, and would be gratifying to know the cause of every disease; and why all persons exposed are not attacked, as it would also be equally gratifying to know the cause of many phenomena in physical science all around us. Such knowledge might aid us in a sanitary but not in a therapeutic way. It might aid in preventing disease or in removing some cause, but as it could never change the *symptoms* of any given case, so it could never aid in the selection of a similimum, we must not allow our practice to degenerate into empiricism by the removal of that element of accuracy, individualization." I know no surer way of doing this than by a search after some "hypothetical cause, and the adoption of a treatment based upon its supposed discovery." This has stranded many a homœopathic success. I protest against every irregular method; holding high the banner of *similia*, and appeal in behalf of individualization, and the selection of the similimum whenever medicinal action is desired. Let us illustrate generalization first, reserving the better means, individualization—to the last. Hale, in condemning the indiscriminate use of Quinine, says: "Unless the physician is absolutely certain the attack is due to miasmatic poisoning, he should wait until the disease shows its true character." We can not be certain of a malarial origin, we are not certain there is a miasm. Does Hale wish us to depart, sometimes, from the accuracy of similia, to treat a case on the theory that Quinine is an antidote to a marsh miasm, which miasm only presumably exists, and has not been demonstrated by any method of analysis; and especially as

a case of malaria is never shortened or mitigated, taking into account secondary symptoms, by the use of Quinine as an andidote, an antiphlogistic, a tonic or indeed any use of it save as a similimum; we cannot be certain, often, of the nature and cause of a disease, but we are certain of the symptoms present in the case, and that for a cure is required a remedy that has a pathogenesis correspondingly similar to these symptoms. There is no doubt about this; similia is no more a theory; it is a law, universal as the law of gravitation or any other, and applicable for the guidance of all medicinal actions and not necessarially interfered with by methods of palliation, especially outside the domain of drug-palliations, as chemical, surgical and mechanical reliefs. "The patient need not wait for the demonstration of some theory of cause," but should be put at once on the similimum. Generalization is still further illustrated by Dr. W. H. Holcomb, *U. S. Medical and Surgical Journal*, Jan., 1872, on some cases of intermittents. He says: "If the paroxysm varies widely from the typical form; if there are unusual gastric, hepatic, intestinal or cerebral disturbances; well marked capillary congestion, and the patient is half as sick during the apyrexia, we may be sure that the malarial poison has made a profound impression on the sympathetic ganglia. Ars., not Quinine, the typical remedy for this state." Many other remedies than Arsenic are equally well indicated in this case, according to the description. Any one of Dr. Burt's organic remedies is apparently well indicated. Contrast a case illustrative of individualization, a case of intermittent calling for Arsenicum, based on the proving taken from the materia medica. Time of paroxism: mostly in the afternoon, one to three; periodical, as every other day, every fourth or fourteenth day anticipates one or two hours every other day. Before chill, sleepiness, yawning, stretching, malaise, debility, headache, vertigo, wants to lie down, no thirst, humming of ears. Chill, simultaneously or alternately, with heat, particularly after drinking, relieved by external warmth, shuddering when out of bed or in open air, little thirst, if thirsty drinks little and often, internal chill, with external heat and red cheeks, dry skin. Heat, intense, long-lasting, skin dry and pungent, great thirst for little often, and afterward vomiting, burning as if hot water were coursing through the blood vessels and burning in the stomach and bowels. Sweat, with great thirst for water, which is at once vomited, relief, but debility and even syncope, sweat, cold and clammy, sweat sets in generally in evening, at close of fever, pulse irritated, quick, small, intermittent. Any stage may be absent, especially sweat, the heat continuing all night, or the stages may pass into one or another. Tongue, furred on the sides, red streak down the center. Tongue may be brown or blue. Desires acids and has aversion to food. Apyrexia, great weakness, sunken face, desire to lie down, watery diarrhœa, with bloated abdomen. No remedy than Arsenicum could be thought of in this case. No other remedy has these symptoms in their totality, though many may have some of them. As a disease is diagnosed, not by the symptoms, but by the totality, so is the remedy chosen by the totality of symptoms. By a universal law this remedy is a specific for a disease presenting this group of symptoms, and as sure to cure as is Newton's apple to fall to the ground. In the "*Homœopath*" for March, 1880, Dr. Taylor, of Crawfordsville, Ind., President of the

State Society, (Hom.,) in treating of "Wabash ague," reports cases as follows: "Joe D., æt. 18, quartan ague for four years, cured (?) by Chinoidine. Geo. M., æt. 24, ague for two years; bloodless eyes and legs swollen; cured (?) by Chinoidine." And so on for six more cases, giving no symptoms by which we are enabled to judge of its homœopathisity. Evidently he considers Chinoidine a specific for all cases of ague. Well may we doubt that the cases were more than suppressed, to be followed by secondary drug effects, worse than chills and fever. This is not homœopathy. It does not cure; it is merely suppressing a symptom or group of symptoms. This may do for allopathy, but not for homœopathy. This might have answered the aim of our ancestors prior to the introduction of similia, but will not meet the mind of our contemporaries. How long shall we be required to lay the foundation of similia, ere we go on to perfection; proving drugs, to administer them for diseases with similar symptoms and pathological states? In the December number of the "*Homœopathic Times*," Allen Mott King, M. D., of St. John, N. B., closes his treatment of croup and diphtheria with this melancholic moan: "A specific remedy for diphtheria has yet to be discovered, and the physician who shall discover it will be considered one of mankinds greatest benefactors." No! A specific remedy for diphtheria or any other disease has not, nor cannot be found. For no disease will invariably be marked by the same totality of symptoms. If a specific for a disease could be found then we all could be skillful physicians, having but to recall a list of diseases with specifics set opposite; as, for ague, quinine; for itch, sulphur; for "Wabash ague," chinoidine, &c., &c. The science would all be involved in the discovery, and not in the art. While as a matter of fact the greatest science ever known to medicine lies in the extensive proving of drugs on the healthy, and the accurate comparison of these effects to the symptoms of disease. This involves a knowledge of pathology and a correspondingly correct interpretation of symptoms, i. e., a curative remedy for a curative case, is always found in an agent having in its pathogenesis all the symptoms of the disease to be cured. In incurable cases the same method brings the greatest relief, and is more palliative than anodynes, so called. C. H. Viche, M. D., Freelandville, Ind., treating "cases of parotitis," published in the February No. of "*The American Homœopath*," reports: "Mrs. R., lady of 32 years. Very much swelling of face, right side, so much that the right eye was nearly closed from the swelling. Had much pain and toothache with it; had been suffering for about a week, and instead of getting better grew worse. Mer. Sol. 3x, with Aconite and Belladonna to allay the fever, and recommended the above poultice, (Elder Flowers.) Recovery in a few days." Recovery under what remedy? Aconite and Belladonna are perhaps nearly as often indicated in the disease as Mer. Sol. and especially does Bell. cause swelling of the right side of the face. Does the Dr. mean to infer that Aconite and Bell. will allay all fever, under every circumstance, while they yet may not be curative, for the condition on which the fever depends? How many others, even among reputable authors give Ac. as an intercurrent remedy to allay fever only. Aconite is never to be given "first, to subdue the fever," and then some other remedy to meet the case; never to be alternated with other drugs for the purpose of "controlling the fever." If the fever be such as

to require Aconite, no other drug is needed, * * * * for many drugs beside Aconite produces fever, (among which is Mer. Sol.) each after his kind.—Dunham's Lectures, 1 & 87. Having thus referred to and criticised generalization, let us illustrate individualization, by cases from my memorandum.

Sep.—, 1880, about 8 P. M., was invited by Dr. R., (allopath,) to see five cases of malignant diphtheria, children of one family, at one house. One was in the agonies of death, sick only 36 hours. Potassa, chiefly Chloride, had been used, various swabs, disinfectants, tonics, &c. All were expected to die ere morning. I carefully individualized every case as follows: Case 1, boy aged about 10; presented the most typhoid symptoms: exceedingly restless, often starting up to leave the bed, seeming somewhat delirious at times, breath very fetid, takes a sip of water momentarily, sticky perspiration, biting burning in the throat, tongue blackish, repeatedly said he would die, and was frightened. Discharge from the nose is watery and acrid. Is very low, ceases to make complaint, only calls for water and fears death. Ars. 30c., a few drops in part of glass of water. Teaspoonful every fifteen minutes. Better after third dose.

Cases 2 and 3, aged about 8 and 12; were much prostrated, bad breath, local symptoms worse than in the first case, yellow oblong streak on the tonsils; large, broad, flat ulcers on the tonsils, cheeks and tongue; membranous deposit extensive, fauces and face much swollen. They are chilly but won't be covered. Nitric Acid, 30c. Dose same as for Ars., in case 1. Better after first dose.

Case 4, aged perhaps 6, mouth wide open in order to breathe; ichorous fluid from the nose most prominent symptom. It makes even the chin sore over which it passes; sub-maxillary glands badly swollen; he throws himself about continually and complains of sore throat. Arum triph. 30c. Dose same as before. I repaired to the wood-shed between two doors to avoid the stench, returning occasionally to note the improvement the parents declared was apparent. In the morning all were out of danger and made a full recovery, being afterwards attended to by Dr. R. They are living monuments of what homœopathy may do where individualization is brought to bear on the case.

Probably no one remedy could have cured over one of the cases, save Nitric Acid, which was equally well indicated (homœopathically) in two cases.

Individualization is practical: "Having thoroughly familiarized himself with some important remedy, the physician should then pass on to a study of the most analogous remedies," comparing each with the other, specially noting characteristic effects. This method of comparing drug to drug, and drug to disease will be subject to continuous review to one who is in active practice. Every case puts his skill to individualize to the test. His experience and practice in the art soon render him as capable of selecting the homœopathic remedy as he is capable of distinguishing one disease from another.

Hahnemann says: "The totality of symptoms which characterize a given case being once committed to writing, the most difficult part is accomplished." This method of precision has proven itself practical to me. Accu-

racy is essential to success. The remedy "nearly" homœopathic is not homœopathic at all. My experience confirms my teaching, that the studiously selected homœopathic remedy cures my patient promptly, constitutionally builds him up, and renders the physician a blessing to mankind. We know not the manner of the action of the similium; we know the manner of its selection. This is quite enough for the patient. Though it is pleasing to me to regard its action, as well as its selection, in accordance to similars. To think of disease as a peculiar rate and manner of motion of the molecules of protoplasm, as electricity is a peculiar rate and manner of motion, and that as when two similar rays of light from opposite directions strike together, darkness (not increased light) is produced. So when these similar rates of motion act upon each other, rest (not increased agitation) is produced and health follows. But we are not dealing with a theory that hazards our patient. The selection and its governing principles are known. Would that every homœopathist, so called, understood and applied them. That those who do not understand would go where homœopathy is taught, and learn. And that cobblers would not longer usurp the roll of physicians, and that the governing principle of the curative action of remedies, Similia, might the more rapidly impress those of our opposing colleagues.

That the action of remedies administered to the sick may be altogether curative, not merely palliative, and with no secondary drug symptoms to contend with. That as homœopathists we may be able to say with a dying Hahnemann: "My conscience is clear; it bears me witness that I have ever sought the welfare of suffering humanity, that I have ever done and taught what seemed to be best, and that I have never had resource to any allopathic procedure to comply with the wishes of my patients, and prevent them from leaving me. I love my fellow creatures and the repose of conscience too much to act in that manner. Those who follow my example will be able, as I am, on the verge of the grave, to wait with tranquility and confidence till the time comes when they must lay down their heads in the bosom of the earth and render up their soul to a God whose omnipotence must strike terror to the hearts of the wicked."

XXIV.

The Alleged Evils of Vaccination.

BY JNO. J. MITCHELL, M. D.

During the winter of 1880 and 81, a physician of our city began an attack upon our board of health, for having employed a physician to visit from house to house, vaccinating the poor without charge, and counseling its repetition upon those who had been vaccinated but once. His arguments were based almost entirely upon the inoculation and danger of erysipelas and syphilis, which he said were so very common and which he asserts were

terribly disasterous. The articles were doing harm, they appealed to the ignorant, and there was danger of unvaccinated persons concealing the fact, and thus spreading the disease in our city.

As no one appeared anxious to enter the list against the doctor, I felt compelled to do so. In my first note to our leading journal, I entirely ignored the question as to the evils of vaccinating with the humanized lymph. But simply asserted that if the bovine virus was used these risks would be avoided. But this expedient did not satisfy the doctor, and I finally was induced to write a series of articles upon the subject of small-pox and vaccination, the gist of these will be found in this paper. I am led to present them to this Society, from the fact, that I found great difficulty in procuring the statistics, which I tabulated. They are all from reliable sources. But their compilation and aggregation cost me much more time than I deemed possible.

I have eliminated, as much as possible the controversial parts of the articles, and herewith present them to the Society, thinking that perhaps some members of it may have to go over the ground as I have done, and that my researches may be of use to him.

In the consideration of this subject there are four points presented to my mind, as worthy of consideration.

First—From what does vaccination seek to relieve the community?

Second—To what extent has it succeeded?

Third—What is the danger to the constitution of the individual vaccinated arising from the use of humanized lymph.

Fourth—A consideration of the use of non-humanized lymph for vaccination.

It is not a matter that should surprise anyone, nor cause our opponents to be unduly elated, that anti-vaccination leagues are being formed in Europe and America. We have known doctors to disagree before. And I doubt if there is any possible subject, in social, moral, or physical science, in opposition to which a goodly number of people may not meet and organize societies, hold meetings and adopt resolutions. The world lets them do it, and goes on in the beliefs and theories that generations have built up, adhering to them until they are disproved and others take their place. All the Jaspers in the world could not prove that the globe is flat, and that astronomy is a fraud. As to the alleged endorsement by laymen of those physicians who oppose vaccination, we all know how fallacious this is. We will find a greater host, and perhaps some whose names are just as eminent, vouching for the efficiency of "Mrs. Winslow's Soothing Syrup" or the benefit of the "Quaker Bitters," which however I presume our opponents would not endorse.

If we are to determine this question simply by the number of physicians upon each side, there is no room for argument, and the case is closed. We would simply have to procure a directory of the world's physicians and transcribe the names of ninety-nine out of every hundred as upon the side of vaccination and win our case. The proportion is even greater of those who are in some doubt upon the subject, and yet vaccinate themselves, their families and their patients. Their actions speak louder than any words they can utter in opposition to it. The discussion of this subject in our public prints is to be deplored. Our medical journals are open

to it, and the subject is fully treated by specialists in our text books, and in this arena the battle should be fought. But by a public discussion the arguments against vaccination are brought to the notice of the poor and ignorant in the community, by whom the disease is kept alive and extended. They are the ones whose fears are most easily excited, and arguments can not easily move them. They very readily believe that some mysterious disease, or some terrible blood taint is only to be avoided by a refusal of vaccination. The consequence is that they do avoid it. They conceal the fact of their children not being protected, thus the disease is kept alive and epidemics arises from time to time. The disease as found in New York and Philadelphia in 1880 and 1881 is stated by the board of health of these cities, to have been introduced by some Italian immigrants, and in another quarter by some recently arrived Germans. Of 1,359 cases of small-pox in Chicago in 1881, forty per cent. proved fatal. By far the greater number of cases occurred in the fourteenth ward where the more degraded portion of the foreign element lives, and where attempts at vaccination have been met by violence at times. In that ward there are 40,000 persons who have not been vaccinated, and of 108 deaths from small-pox in September 1881, eighty-one were in that division of the city.

In considering the first point of my subject, viz., "From what does vaccination seek to relieve the community," it is necessary to state that it is the original *small-pox*. Not the disease as it is modified by previous vaccination, nor the secondary form of small-pox, as it is found after inoculation, but the disease as it was found to exist in the past century. And this is only just. For if our opponent's plan of crushing out vaccination is followed, in the course of 50 years we shall have small pox in our midst, as they did in past ages. I will refer to any of the standard works upon the subject, such as Flint, Reynolds, Copeland, Wood or Ziemssen, as my authority for the statement that there is no reason to believe that small-pox is less contagious, less fatal, or more amenable to treatment now than it was 200 years ago—that is, when it is met with in its native form, unmodified by vaccination or inoculation.

As to the character of the disease, I will briefly say, in this place, that it is one of the most loathsome known in the history of the race, running a course of from seventeen to twenty-four days, and followed by one or more of almost any number of complications, some of which are pretty apt to set in and exhaust the sufferer, after the disease itself has spent its violence upon him. As to its fatality, when not an epidemic, its rate is about as follows, in comparison with other diseases: Small-pox, from fourteen to forty deaths in 100; scarlet fever, from thirteen to eighteen in 100; asiatic cholera, forty to fifty in 100. This will give a fair idea of the fatality of the disease when not epidemic. What can it accomplish when it comes upon the community like an epidemic? Here I must ask the reader's attention while I present a few statistics, which I am sure will repay him for study, and careful thought. They are gathered from standard works, to be found in any good medical library, and there is no excuse for any physician being unconversant with them. I present them the more willingly hoping it may deter some fearful mother from concealing the fact that her child is not protected by vac-

cination, for by so doing she is but aiding, by so much, the bringing about of the horrible state of society endured by past generations. I have a slight hope that even those physicians who, having their eyes blinded by some mishap they may have met with in their experience with vaccination, will see their error, and not cast the community upon the bitter experience of the past. I shall abridge these statistics as much as possible, recording the fatality of only a few of the small-pox epidemics of the past.

Beginning with the year 1527, when it was introduced into Mexico, it is recorded that the victims died by the million.

In the 17th and 18th centuries, about 9 per cent. of all the deaths in England were by small-pox. In Berlin, from 1783 to 1799 about one-twelfth of all the deaths were by this disease. In France, from 1700 to 1800 there were thirty thousand deaths annually by small-pox. In Paris in 1710 there were 20,000 deaths by small-pox in a single year.

Its fatality in the City of Boston is thus tabulated :—

In 1721, 9,000 population, 5,759 cases, 844 deaths; 1730, 15,684 population, 4,000 cases, 500 deaths; 1752, 16,000 population, 7,669 cases, 569 deaths; 1764, 15,520 population, 5,664 cases, 170 deaths; 1776, 17,000 population, 5,292 cases, 57 deaths; 1792, 18,038, population, 10,655 cases, 394 deaths; 1811—1820, 43,289 population, 6 deaths; 1821—1830, 61,392 population, 8 deaths; 1831—1839, 93,383 population, 39 deaths.

It should be noticed that in 1730 inoculation was just introduced. In 1764 it was more general, and in 1792 it was quite generally introduced. The result is seen in the greatly lessened mortality.

By inoculation, it will be remembered, is meant the modification of the disease by taking the matter from the sore of the small-pox patient, and employing it as we now do the vaccine lymph, thus inducing a milder form of small-pox, and one less fatal in its character. Terrible as this treatment was, it was considered a boom to civilization.

In 1837 small-pox was introduced among the North American Indians with the following fatality :—

Mandans, 1,600 population, 1,569 deaths; Minnaterees, 1,000 population, 500 deaths; Arickarees, 3,000 population, 1,500 deaths; Assiniboines, 9,000 population, 8,000 deaths; Crows, 3,000 population, 1,000 deaths; Blackfeet, 40,000 population, 10,000 deaths; Iroquois, 1,500 deaths.

In Prussia in 1796, 7,000,000 population, 26,646 deaths; In London from 1711—1740, 200,000 population, 65,383 deaths; In London from 1741—1770, 500,000 population, 63,308 deaths; In London from 1771, 1809, 958,863, population 57,268 deaths; In London from 1740—1720, (10 years) 20,360 deaths.

It will be observed that in this record of its ravages I have not given the record of the centuries between 600 and 1500, when the death rate from this was terrible, but where the statistics are inexact. Nor have I recorded the cases in the smaller cities and towns, the world over, where it has raged. I have only taken those typical instances in the history of the disease, where it has left its dark mark the broadest, and the mourners the most numerous.

Just contemplate for a moment the result among the poor Indians. In one tribe of 1,600 persons only 31 left to tell the tale. And out of 1,500 cases in another tribe, only one person survived.

And then as to Boston, one of our cleanest, and at that time one of our wealthiest cities, losing in one year nearly 900 inhabitants out of a population estimated at 9,000.

To bring it home to us. An epidemic no more severe than that of Boston in 1721 occurring in the city of Newburg, with its 18,000 inhabitants, would cost us the lives of 1,800 of its citizens in a single year, being a death rate of about 5 for each day from this loathsome disease. And yet when I mildly intimated in my first article to my opponent that his course might make the inhabitants of this city "uncomfortable," he was strongly inclined to mirth. To me the thought that a physician who should be the guardian of the public health, should lift up his pen to aid in an attempt to thrust such a danger as this upon our city is a very strange one, and the thought of it is not at all calculated to arouse my mirth. The death of 1,800 persons in our lovely city by this terrible disease in a single year is terrible to contemplate. And yet, without vaccination, there is no way known to science by which that which occurred to Boston in 1721 should not happen to Newburgh in 1881. Yet because I questioned the wisdom of his course in this matter the doctor can write as follows:

"There are another class of physicians that (whose) mercenary instincts "are the most prominent features of their nature. And the latter class "hard, imprudent workers, disregard any exposure and sacrifice of right "or wrong (public or private) that will give the least show of making a "dollar. Vaccination is profitable to the doctor, if it is death to their "patients."

Now, Mr. Editor, I think this was a sentence most unworthy the doctor's pen, and I hope that he regrets that he has written it. I am sure this community will endorse this sentiment in regard to any physician in this city. If I thought that I, or any of my compeers were held in any such disestèem, I should blush for the charity of the world and would speedily adopt some other calling. No, sir! We work too much without remuneration to have such cruel thoughts entertained concerning us, and we show by the action of our boards of health, how in earnest we are in our effort to free our city from disease, to have the thought held by our citizens for a moment, that we are depraved enough to continue the practice of vaccinating in order to make money out of our clients, if we were of the same opinion of its danger and uselessness as the doctor. Let us examine this point a little further.

Suppose vaccination done away with as our opponent wishes, and his friend, small-pox, to have full sway. Then, according to the average statistics of cities, (I do not mean epidemics) we ought to have about 700 deaths every year from this disease in Newburgh. Now if one in 4 die, and this is about the average mortality, it would give 2,800 cases of small-pox in a year. Suppose there are 14 physicians in full practice in our city at this time, it would allow each physician 200 cases of the disease to treat each year. Now small-pox is one of those diseases that, being extra hazardous to the physician's life, calls, according to the fee bills of all

schools of medicine, for double charges. But we will suppose that our opponent in his charity will not allow this, and indeed should charge but one dollar a visit, for attending this loathsome disease. Now it lasts but 24 days, and has a variable convalescense of from 10 to 20 days longer. So we will say 35 days for an average case. Severe cases should be seen twice a day for 9 days and one thereafter, making about 44 visits to be given to each case, making a bill of about $50 for each case attended. Thus our doctor in an average year would make the nice little item of $10,000 out of his small-pox practice alone, to add to his income, even if he obtained no more than his share of the cases. I do not think any of our "vaccinating doctors" equal that amount of income in a year by vaccinating. I certainly do not; and taking it year by year would be satisfied to be paid for the vaccinating I do, with the fees the doctor would receive from one of his supposititious cases of small-pox.

Come to think the matter over, if there is any pecuniary interest in the controversy on the part of physicians, (which there is not) it certainly does not lie upon the part of those who seek to protect the community from small-pox by vaccination.

We now proceed to consider the question: "To what extent has vaccination succeeded in protecting from small-pox?"

The most that Jenner, the discover of vaccination ever claimed for it was, "that it would protect the individual as thoroughly as though he had had the small-pox." And our best authorities now claim that it does this; that a person perfectly vaccinated is in no more danger of small-pox than a person who had the disease once is in danger of a second attack. If this is the case it may be properly asked why the disease is not stamped out? In reply, it may be stated that children are not vaccinated early enough. Parents almost always wait until the child is three months old, and many children are five or six years of age before they are presented for vaccination.

The result of this is seen in Dr. Farr's tables, where over 50 per cent. of those who die of small-pox are under five years of age.

The constant immigration to this country brings a host of those who are not protected, and these spread the disease throughout our cities and larger towns.

Then, vaccination is rarely done thoroughly enough. In a great majority of cases a single vaccination is deemed sufficient. But the latest authorities contend that to be perfectly protected a person, after the sore of a successful vaccination is healed, should be immediately re-vaccinated, and thus even a third or fourth time, until the lymph having ceased to present its characteristic sore, the system is supposed to be so deprived of the elements upon which small-pox feeds as to be impervious to the access of the poison. How very few there are in any community who are thus vaccinated.

Again there seems to be a molecular change going on in the human body, by which, in the course of a few years, say from 5 to 12, its atomic character is entirely renewed. These new elements seem to have an affinity for the small-pox virus. These cases are to be re-vaccinated, if we are to stamp out the disease. And it should be done systematically about once in seven years.

Now there are very few in our communities that are thus regularly and systematically re-vaccinated.

Again it is contended by many physicians, that, carrying the lymph from arm to arm in the human subject, as has been done for so many years, has weakened its protective power. The physicians are now using the lymph direct from the calf, technically called the "non-humanized lymph,"

Then, there is a certain percentage of persons who will have small-pox if exposed to its contagion, in spite of all efforts at prevention. Even one attack of the disease will not protect them from a second or even a third.

Yet with all these elements against success, there is no rule in medicine with so few exceptions as the one "that a person properly vaccinated, cannot take small-pox." And there is still another point in its favor, that if he has been once vaccinated and yet becomes liable to the disease, and takes it, his chances of life, are more than 30 to 1 greater than if he had never been vaccinated. We will now present some statistics upon these points: Of the troops in the United Kingdom since vaccination was introduced, 1844—1851, 1,488,230 troops, 130 deaths; 1859, 71,715 troops, 7 deaths; 1860 85,443, troops, 9 deaths; 1861, 88,955 troops, 4 death; 1862, 78,173 troops, 4 deaths.

In the military asylum hospital, Chelsea, in 48 years there were 5,774 cases, 374 deaths. Mr. Crow, of Norwich, England, gives, of 215 persons exposed, unvaccinated 200 cases, 46 deaths; of 231 persons exposed, vaccinated 27 cases, no deaths; in Sweden, in the same number of inhabitants, there died in one year, before vaccination was introduced, 2,051, since vaccination 158 deaths; in Westphalia, before vaccination 2,643 deaths, since vaccination 114 deaths; in Bohema and Moravia, before vaccination was introduced 4,000 deaths, and since vaccination was introduced 200 deaths; In Copenhagen before vaccination was introduced 3,128 death, and since vaccination was introduced 286 deaths; in Berlin before vaccination was introduced 3,422 deaths; In England and Wales before vaccination was introduced (10 years) 3,000, and since vaccination was introduced 1841—1851, 304 deaths, 1854—1863, 171 deaths; in Prussian army before vaccination was introduced (in same time) 104 deaths, and since vaccination was introduced 2 deaths; lower Austria before vaccination was introduced 2,484, deaths, after 304 deaths; upper Austria, before vaccination was introduced 1,421 deaths, after 501 deaths; Styria, before vaccination was introduced 1,051 deaths, after 446 deaths; Trieste, before vaccination was introduced 14,046 deaths, after 182 deaths; Tyrol, before vaccination was introduced 911 deaths, after 170 deaths; Bohemia, before vaccination was introduced 2,114 deaths, after 215 deaths; Moravia, before vaccination was introduced 5,402 deaths, after 235 deaths; Austrian Silesia, before vaccination was introduced 5,812 deaths, after 198 deaths; Prussia, (8 years) before vaccination was introduced 4,315 deaths, after 535 deaths; London, before vaccination was introduced 2,036 deaths, after 498 deaths; Sweden, (per million inhabitants) before vaccination was introduced 1,973 deaths, after 479 deaths; In Sweden, after vaccination was compulsory 181 deaths.

Heim, of Wurtenburgh, during an epidemic vaccinated 14,384 soldiers

and sailors and had only one case of varioloid among them. He vaccinated 20,000 civilians and had only two cases of varioloid among these. At this time small-pox existed in 344 distinct localities, and there were 1,674 cases.

In the last century from 7 to 12 per cent. of all deaths were from small-pox. Now only a little over one-half of one per cent. of the deaths are from this disease.

Bearing upon the point of the greater prospect of life among the vaccinated who may be attacked by this disease, we have the following statistics:

"In the latest accounts from Prussia it is shown that small-pox was 37 times as fatal in 1803 as in 1849. In Ceylon in 1833 and 1834, of 203 deaths from small-pox during an epidemic, only three of the fatal cases had been vaccinated.

In an epidemic in London in 1849, unvaccinated 1,976 cases, 464 deaths, vaccinated 1,294 cases, 70 deaths.

In Philadelphia, from 1840—1842, unvaccinated 161 cases, 41 deaths, vaccinated 73 cases, no deaths.

In London small-pox hospital, 1836—1851, unvaccinated 2,654 cases, 996 deaths.

1836—1855, vaccinated 4,896 cases, 316 deaths.

1863—1864, vaccinated 1,958 cases, 175 deaths.

In the Riverside hospital, New York, 1874, the deaths of unvaccinated cases were 49.48 per cent, and vaccinated 20.09 per cent.

In Milan, 1830—1851, unvaccinated 38½ per cent., vaccinated 7½ per cent.

In Bohemia, 1835—1855, unvaccinated 30 per cent., vaccinated 5 per cent.

Vienna hospital, 1837—1856, unvaccinated 30 per cent., vaccinated 5 per cent.

Wurtenburgh, unvaccinated 39 per cent., vaccinated 3½ per cent.

In New York, 1870, with 942,229 population, 293 deaths from small-pox and in 1878 with 1,100,000 population, 14 deaths from small-pox.

In the small-pox hospital in London, no nurse or servant has taken the disease in some 30 years of the history of this institution. They are all revaccinated frequently.

The New York sanitary inspector, Dr. James B. Taylor reports that the fatality in cases of small-pox in January, 1881, was from 28 to 29 per cent. That is about two deaths in every five cases. He relates as the result of one case of the disease concealed from the authorities, there were 68 cases developed, of which 23 died. He adds that if proper vaccination and isolation had taken place, there would have been not more than 3 or 4 cases, and probably none of them fatal. He reports an instance among the Italians of New York, as follows: "The father of a family in Pell street contracted the disease and was remanded to the hospital, where he died. At my solicitation, the son aged eight was vaccinated. The mother herself flatly refused. Both were taken sick soon after with small-pox, the mother having a virulent type, from which she died, and the boy a very mild form, from which he recovered."

In the experience of the medical superintendents of the several small-

pox hospitals of London during the period from 1876 to 1879, when 11, 412 cases of small-pox occurred among vaccinated persons, not one case occurred within the cognizance of either of the medical superintendents, of any person who had been efficiently vaccinated and successfully re-vaccinated.

It is evident, however, that a vaccine cicatrix, however typical, resulting from vaccination in infancy, is not proof of immunity from small-pox throughout life. It is highly important that the profession and the laity should recognize this fact.

The epidemic of small-pox, which London has recently passed through, gives special interest to the recently published paper by Dr. Buchanan of London. During the past twelve months 1,532 persons died of this disease in London. Of these 320 had been vaccinated and 637 had not been. The matter was doubtful as to 575. Of the population of London it is estimated there are vaccinated 3,620,000, and unvaccinated 190,000. Deaths per million vaccinated 90, unvaccinated 3,350. Deaths of persons under 20 years of age, vaccinated 61, unvaccinated 4,420. Deaths per million of those under 5 years of age, vaccinated 40½, unvaccinated 5,950.

Dr. Buchanan arrives at the following conclusions: "The inhabitants of London can, by vaccination, protect their children from the chances of death by small-pox, in the proportion of 146 to 1 for the first five years of life, and in the proportion of 75 against 1 for the first twenty years."

In 1859, 430 of the principal physicians of England were questioned, after an epidemic of small-pox, as to their belief in the protective power of vaccination, and only one expressed any doubt.

Ziemssen, the great German scholar, has published the latest and most profound work on the practice of medicine. It is in 21 volumes of about 800 pages each. The last volume was published about six months ago. He states in his article on small-pox: "Against the spread of small-pox we possess a certain and reliable barrier in vaccination, by the use of which the disposition to the disease can be almost entirely destroyed." Vol. 2, page 395.

On page 405 he remarks: "In spite of the efforts of its opponents, no unprejudiced person at the present day can any longer be in doubt as to the efficacy and eminent practical value of vaccination."

Reynolds, whose "Practice of Medicine" is the standard work in England, and the 4th volume of whose work was published in 1880, writes as follows: "Persons who have been successfully vaccinated are, as a rule, permanently protected against small pox." Vol. 1, page 495.

Dr. Flint the eminent author of New York, in his "Practice of Medicine" says: "Vaccinia and cow-pox are names of a disease of the cow, which communicated to man destroys, in a majority of cases, the susceptibility to small-pox, and in cases in which it does not offer complete protection against the latter disease, renders it, as a rule, mild and devoid of danger." Page 879.

Dr. Geo. B. Wood, of Philadelphia, the author of a "Practice of Medicine" which, 15 years ago was the best in the language, writes as follows: "The greatest triumph of modern medicine is the discovery (in vaccination) of a sure preventive of small-pox." Vol. 1, page 386.

The editor of the *Medical and Surgical Reporter*, after reviewing the

causes of the failure of vaccination, sums up in an editorial note as follows: "There have, undoubtedly, been a limited—a very limited—number of instances reported on good authority where vaccination and re-vaccintion, however successfully performed, have not proved effective. But they are probably not greater in number than instances of persons having small-pox twice."

I will not quote other writers. A few very insignifficant ones may be found on the other side of the question. I will leave them to account for the statistics I have brought forward. I consider it proved that "vaccination does protect from the small-pox," and that if a person ceases to be protected by his vaccination, and is attacked by the disease, his chances of life are 30 times more, because he has been at some time vaccinated.

What is the danger of using the lymph from the human arm, or as it is called "humanized lymph," in vaccinating?

I consider the point I am now about to discuss, of the least importance of any I shall try to present. For the reason, that I think physicians had better not use humanized lymph for vaccinating, but rather that direct from the calf. If my opponent will refer to the short note that I wrote to the *Journal* February 1st, he will find that I ushered in this discussion by venturing two assertions:

1st. "That thorough vaccination within one or two years of exposure to the disease, protects from small-pox." The truth of this I have demonstrated, if it is in the power of statistics to prove anything.

2d. "That if the vaccine be taken directly from the kine, without passing through the human system, the danger of syphilis is reduced to a minimum." I playfully added as a reason, "I believe this disease was rarely met with among our four-footed friends." But from the doctor's subsequent article, I fear he failed to see any jocoseness in my remarks, so I will add now, that they do not have it. I am not called upon to defend the humanized virus at all, in order fully to hold the positions that I took, and which my opponent so cordially assailed.

But as my reasons for using bovine virus rather than the humanized lymph are not the same that the opponents of vaccination would adduce, I propose briefly to discuss the method of vaccinating with humanized virus.

I desire, before I present any statistics, to call attention to some well known facts. There are multitudes of children predisposed to eruptions. Cuts will not heal. Cold sores will continue to discharge. Many children who have never previously suffered from any exanthema, are affected for months with moist eczema of the face, after having their ears pierced. Children of this habit will be apt to suffer under the best vaccinal disease. Again, it is well known that if a person has a boil, for instance, discharging, and through carelessness "gets cold in it," he is very apt to have erysipelas in the sore, and it may set up a constitutional disturbance that is dangerous. In vaccination there is a sore formed, discharging pus, and inflamed on the 9th, 10th and 11th days. If no care is used, and cold is taken in the sore, there is pretty apt to be erysipelas in the arm. But this is from carelessness on the part of the one vaccinated, and can generally be avoided Again, physicians are not always as careful as they should be

in cleansing the instruments they use for vaccinating. Some are so careless as to vaccinate with the knife they use in their surgical cases. Here we have the reason for a large number of the cases of erysipelas that have followed vaccination. A case in point is noted where the physician had a few hours previously opened an abcess, and without disinfecting the lancet as he should have done, or using another knife, he used the same in vaccinating a young lady. She sickened and in a few days died of pyæmia, or blood poisoning. Here there was most criminal carelessness on the part of the doctor, and no excuse should have prevented his being very severely punished.

Then, it is generally known that there are such things as "dissecting wounds." These have been the cause of death to many medical students. It is produced by the finger being cut while examining the dead body, and some of the decomposed animal matter getting into the wound. Now there are men who call themselves physicians, who are so criminally ignorant that they do not know how to handle the vaccine virus. In fact the world needs honest and intelligent men, even to do its vaccinating. I have no doubt my opponent has on his list of the horrid results of vaccinating the cases in Westford, Mass., where three persons died from vaccination, and others barely escaped. Now the explanation was a very simple one. Two physicians, during an epidemic of small-pox, got the same virus for vaccinating. For some cause it was inert, that is, good for nothing as vaccine. One physician used all of his, and it had no effect whatever. He proceeded in the proper orthodox way. The second had more cases to vaccinate than he had vaccine, and concluded to economise, and he dissolved the virus he had in snow water. All well and good if he had used it all the first day. But no, he went on; using this same vaccinal water, and continued his work nine or ten days, with no effect, as it afterward proved, either good or bad. But on the 11th and 12th days, as was proved on the inquest, the vial on being opened emitted a stench which in a few moments filled a room. Can it be believed that any one not a fool, could have continued to put such stuff in human arms—to say nothing about a person who had received a medical education? Yet he did, and vaccinated 25 persons, young and old, with this decomposed animal matter, for it was nothing else, and all these had dissection sores, with the result I have named. Now it is of course perfectly useless to try and protect the world against such imbecility on the part of the medical attendants as was here exhibited. But with fresh lymph, properly procured, with ordinary care on the part of the person vaccinated, and decent intelligence and carefulness on the part of the medical attendant, trouble from vaccinating is almost unknown.

In the statistics I present I shall, for the present, exclude syphilis, as I shall examine this point further on. In England, during the century, it is estimated that 30,000,000 persons have been vaccinated, and very few ill results have been recorded.

The following statistics are of physicians who have vaccinated large numbers *without any* bad results following: Marston 50,000, Leese 50,000, Jenner 13,000, West 26,000, Seaton 50,000, Tomkins 50,000, Perkins 40,000, Loines 200,000, Clendenin 16,000.

In Philadelphia, in 1827, 80,000 were vaccinated during an epidemic

of small pox. There was one death from erysipelas. In New York, in 1878, there was a record of 25,395 vaccinations among the poorest classes. There were two deaths from erysipelas. In Five Points House of Industry, in nine years, many thousands were vaccinated without a single bad result.

Edward Ballard, of the University College, London, reports correspondence with numerous English, French and German physicians, some of whom have vaccinated over 40,000 children each, and they testify that they have never known disease communicated in this manner.

These statistics must suffice. For gathering them is very much like asking a doctor how many cases of cold in the head he has treated and cured. His reply would be, "I do not know, but I have had any number of cases and cured them all." We do not keep statistics of such unimportant things. We can only answer that almost the entire civilized world has been vaccinated, and the deaths resulting from the operation, even including that in unskillful hands, can be numbered by the score.

We think, in view of these statistics, that if one physician can vaccinate some 200,000 persons without evil result, and another, who perhaps has never vaccinated 200, has had a number of serious cases resulting, it behooves the public to beware of the *vaccinator*, not the vaccination, as it of course must be the fault of the person performing, and not of the operation when properly and carefully done.

In relation to syphilis, I might still ignore the question, and say, use bovine virus and you can't be inoculated. But I will review the arguments in support of the position that vaccine virus, if taken from a syphilitic child, will convey it. Let us examine, for a moment, some points we have held in the early part of this paper:

1st. "If a child is subject to skin disease, vaccination will bring it out." So if there is syphilis in the blood, vaccination will bring it to the surface.

2d. "The lancet of the physician, if not cleansed, will carry poisonous matter to the vaccine wound." So if the first child the doctor vaccinated in a series should have syphilis in its blood, he, if not careful, might inoculate all the others he vaccinated until the knife was cleaned. But such criminal carelessness will be avoided by any careful, intelligent physician. I am supported by many of the ablest writers and the most careful observers in saying that these two causes will account for the great majority of the alleged cases of the transmission of this disease during vaccination.

We would think, if we were to judge of the matter by the doctor's articles alone, that the world was reeking with the pollution that syphilitic vaccination had induced. I am sure I shall surprise my readers when I state that it will sorely puzzle the doctor to produce a score of distinct occasions where this is even *supposed* to have taken place. By hunting the literature of the subject for the last sixty years, scarce a dozen of these occasions are to be found. And Dr. E. Cator Seaton, who made the subject a study, reports that "each one of these is wanting in some essential point, or is open to some source of fallacy." The doctor in his first article reported the cases at Rivalta as clearly upon his side of the argument. If the doctor will examine Reynolds' System of Medicine, vol. 1, p. 518, he will find the whole occurrence explained, and data

given, which to my mind disprove the whole theory he holds, and I think they may convince him also. I know that Dr. Pachiotti and other commissioners reported that the cases were of vaccinal origin. But the investigation did not take place until four months after the outbreak; and Dr. Sperino, who went to Rivalta, saw the cases and treated some of them afterwards at Turin, doubted this origin altogether.

Record, the greatest European authority on syphilis, says: "For our part, an attentive perusal of the documents of the case has led us to the same conclusion as Dr. Abertetti, who exonerates from all blame the vaccination in question." Was it fair to adduce this case, when a little research would have shown the fallacies connected with it, and that the highest authority of Europe placed no faith in it? There were other cases in Aury. But Dr. Anstie, in the *Practitioner* for November, 1869, says: "Upon the whole evidence, we say decidedly that it is not proved that the epidemic of Auray was an epidemic of syphilis at all, far less that it was an epidemic of vaccine-syphilis"

In a discussion before the French Academy Mr. Guerin voiced the opinion of his colleagues, and, I think, of the profession generally, when he said that "vaccination would not be a port of entry for syphilis, but a means of exit." In his report we have the following conclusions: "That experiments instituted to determine the possibility of inoculating with vaccine and syphilis at the same time have resulted quite contrary to the doctrine of syphilitic vaccination." "That among a large number of alleged facts of vaccinal syphilis, most if not all belong evidently to another order of pathological conditions."

The *Medico-Chirurgical Review* says: "It is not the vaccination, but the parentage, that is at fault." Dr. Anstie, of the *London Practitioner*, says: "Vaccinal syphilis is a bugbear and a phantom."

The New York Academy of Medicine, the highest authority in the city, in 1872 appointed a committee to report upon this subject. In this report was the following clause: "There is one disease, syphilis, which some persons have supposed may be transmitted from a child laboring under it to a healthy one, by vaccination, but admitting that this might happen under circumstances of gross carelessness, it would bear no appreciable proportion to the vast multitudes of vaccinations which have given perfect protection against smallpox without any suspicion of harmful effects from vaccine. It is believed never to have been seen in the practice of the most experienced vaccinators or surgeons, especially conversant with that disease, nor has a single case been met with in the systematic inspection of vaccinations in England, which have already extended to millions of persons, and the risk indeed of any occurrence is so infinitesimally small that, for all practical purposes, we may regard it as nonexistent." A supposed case in the care of M. Trousseau at the Hotel Dieu, which caused great excitement at the time, was patiently investigated. And it was found that a natural cause could be assigned for the disease, supposed to have been introduced by the vaccine virus. Indeed, after many experiments made in the efforts to induce such a transmission had failed, the Academie de Medicine in Paris, after a long investigation and discussion, reported "that the possibility even of the truth of the theory was not established." And this in France, where our opponent has discovered his anti-vaccination society.

Ziemssen says: "The force of this objection," (that syphilis may be conveyed during vaccination,) "is still more impaired by means of the evidence, almost always present, that the unfortunate result was due to actual carelessness, or to an oversight easy to be avoided. Nearly all of the unhappy occurrences of this sort are not the fault of vaccination, but of its improper performance." (Vol. 2, p. 409.)

I think I can leave the subject here. To my opponent I would say that if he has seen many cases of syphilis in children, which he thinks has been induced by vaccination, he is probably either mistaken in his diagnosis of the disease, or the children have been unfortunate enough to achieve it as an inheritance from their parents. In a practice of over twenty years (much of it among the poor of New York City) I have seen but a very few cases of syphilis in young children. I have never seen a case in which I had the slightest reason to believe it occurred as the result of vaccination. But if any one has any misgiving about the matter, let him use the bovine virus and he cannot transmit syphilis, and, in my opinion, will be more surely protected against small pox. I propose to consider, very briefly, the use of bovine or non-humanized lymph in vaccination. It appears to me that there are three objections to the lymph that has passed through the human being:

1st. Physicians generally, after the first inoculation, collect the virus themselves. I consider this a dangerous privilege, when we consider the marvelous ignorance shown by some of our fraternity. I prefer to get my vaccine from those who make a business of growing it.

2d. I think, from statistics, that there is more danger of erysipelas from its use than from using the bovine or non-humanized lymph. And yet it is but just to say that, in vaccinating thousands, I have never had a death nor a case of erysipelas, as a result of the vaccination.

3d. I am inclined to the opinion that transmission from arm to arm may weaken its protective power. This may be the reason that in an epidemic more of those who supposed themselves protected by vaccination are attacked with small-pox than was the case twenty-five years ago. I deem this last to be the principal objection to the use of the humanized lymph. And yet it will be seen it is entirely theoretical. The bovine lymph is expensive. But vaccination is a matter of such great importance that the expenditure of a few dollars more or less by the physician, in procuring a good article of vaccine, should not have any weight. The lymph from the kine has been used in this country for about ten years; and, where it has been procured from reliable parties, has been perfectly satisfactory. The principal propagator of this lymph, Dr. Martin, of Boston, has issued over 1,000,000 charges of this vaccine virus, and has had no serious complaint from its use, and not a single case of erysipelas or death. Other gentlemen supplying this lymph report equally flattering results. It has proved successful in protecting against small-pox in epidemics, when the humanized virus did not seem to be so certain in its action. It is perhaps too early to decide definitely between these two kinds of vaccine. I think, however, there are but two objections brought understandingly against the use of the bovine virus in common practice. One is, that it "fails to take' more frequently than the humanized. But statistics prove that in practiced hands it results successfully ninety

times out of a hundred in primary vaccinations, and seventy-seven times out of a hundred in re-vaccinations. Then it is alleged that the local symptoms are more violent when it is used. This is probably true, and yet as the object is to protect the individual from the small-pox, it is of little moment, if by the severity of the induced disease he is more surely protected. Among 400,000 cases of vaccination from true Beaugency stock not one case of death, erysipelas or post-vaccine variola was reported.

Dr. Higgins, of Scranton, Pa., reports the use of bovine virus in 1,300 cases. No deaths occurred, and not a single case of erysipelas. In Belgium 1,000 out of their 2,000 physicians now use animal vaccine exclusively. Ten thousand children thus vaccinated passed through the epidemic of 1870–71, and not one was attacked with small-pox.

This bovine virus cannot convey syphilis. Dr. Warlomont, of Brussels, Chief of the State Vaccine Department of Belgium, writes: "If we inoculate syphilis to a calf, the latter does not take it; the virus dies on the spot." (Letter to *London Lancet*, July 7, 1878.)

As to the danger of propagating the disease of animals by the use of the bovine lymph, it is entirely theoretical, and is without a shadow of foundation in the experience of the world thus far.

In concluding this subject I think I can epitomize as follows: If a community will thoroughly vaccinate and re-vaccinate, at proper intervals, they will stamp out small-pox. If they allow it to enter when they are not thus protected about three-fifths of the inhabitants will have the disease, and about thirty-five in a hundred of the cases will die. That if proper precautions are used, the danger from vaccination is not worth considering. That if the non-humanized or bovine lymph is used, the protective power is probably greater, and even the theoretical objections to the humanized lymph are avoided.

XXV.

When to Send a Patient to an Insane Asylum.

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This is a question frequently presented to the general practitioner. Nor is it a question of minor importance. Its solution may involve not only the future happiness or unhappiness of the patient, and those connected with him, but also the reputation of the physician himself. Nor is it a question always easy to decide. Beset at one time by the ancient prejudices against asylums and the popular theory that all men should be allowed the full enjoyment of liberty; at another by a selfish desire to avoid trouble and care, or by mistaken zeal for the patient's recovery, the physician may find himself in the deepest quandary. As a guide for future cases of this kind, we propose, in the present paper, briefly to consider this question in its different bearings.

What cases should not be sent to an asylum? Preëminently many cases of puerperal mania. Occurring, as this disease often does, within a few days, or even hours after confinement, the safety of the patient demands that she be kept as quiet as possible. The weakened physical condition precludes the possibility, in many cases, of a safe removal from home. The higher temperature, rapid pulse, restless and maniacal fury may give to the patient the semblance of strength; but the appearance is deceptive; the intensity of the flame but the sooner consumes. In all such cases the physician should consider, in every possible manner, the patient's physical strength and prevent any efforts which can tend to exhaust the already weakened life forces. Yet, too often such cases, which, if in their right mind, would not be considered strong enough to be raised from bed, are taken from home and transported for miles, in an uncomfortable railway car, to an asylum, but to die from the exhaustion caused by the journey. Of these mistakes, the death-rolls of every asylum could furnish numerous examples. The following, taken from the records of the State Homœopathic Asylum for the Insane, will suffice.

Mrs. C., aged 32, mother of three children; no insane relatives. Admitted April 13, 1878, with the following history: March 31, 1878, premature labor was produced on account of placenta prævia. Case progressed favorably for a few days, then mania rapidly developed. At time of admission, April 13, 1878, very weak; pulse 144, full and bounding; respiration 28, temperature 104; tongue large, red, dry, broad at tip; sordes on lips; great thirst and restlessness; pupils natural, respond readily to light. Answers correctly, but immediately goes into incoherency; throws her head backward, frequently rolls her eyes up, and opens her mouth very wide; constantly muttering: "Darling, for the Lord Jesus sake," &c. ℞ Verat. Vir.[1], jacket 9:30 P. M. Very restless, dashing around in every direction; tem. 105.31, pulse 180; perspiring profusely. On the 14th, 10:30 P. M., tem. 103.71, p. 144; not as restless this A. M., and has had a number of short naps; quieter; repeats "Jesus died for all;" 4:30 P. M., suddenly, while taking nourishment, face became pale, extremities cold, and a cold sweat broke out all over; p. 180 or 200, resp. 64. ℞ Verat. Alb.[1]; 5:30 P. M., resp. 48, face and extremities warmer; seems to have pain in occiput. ℞ Verat. Vir.[2] and Cimicifuga 1; 10 P. M. tem. 107.2, p. 200 or more, resp. 66; left leg is purple; can hardly speak. Occiput, back and spine very hot; limbs and face very cold; 10:35 P. M. eyes rolled up, cold sweat all over, tem. 107.61, p. 200 or more, small and weak, resp. 60, and moaning; 10:40 P. M. died. Length of time in asylum, less than forty-eight hours. Yet this treatment, so fatal in the first stages, may become the only curative measure in the latter stages of the disease. When the arterial excitement has been quelled, the temperature lowered, the physical strength improved, and only the mental lesions remain, removal to an asylum is of the hightest importance, and is usually attended with the most gratifying results. The vast difference in these results renders a correct judgment as to the character of the case, and the proper time for its removal to an asylum a matter of vital importance.

Another class which should not be sent to an asylum is the aged. In every asylum numbers are seen, harmless and inoffensive, the light of whose

intelligence has been dimmed by the consuming storms of a long life. Forgetful of the present, their minds filled with recollections of days long passed, among unfamiliar faces they wander about the wards, restless and unhappy. Why have they been placed there? They certainly cannot be cured, and can but await the death so long cruelly denied. Too often the answer can only be found in the family pride of children unwilling that one thus afflicted should be known to form one of the family circle. Against this course all the instincts of humanity cry out. Dreary enough is the life of these unfortunates without being subjected to this additional trial, and every physician should oppose it by all the influence at his command.

Another mistake is sometimes made by ranking imbeciles and idiots among those intended for asylum treatment. The presence of this class of patients is injurious to the insane who have a reasonable prospect of recovery, and can be of no benefit to the patients themselves, the kind of treatment needed by them being of an entirely different character from that demanded for the insane. Institutions especially adapted to this work exist in different States, and under their care all such cases should be placed.

No forms of insanity are more difficult to treat than those occurring among children, and it is often a difficult question to decide as to the best plan of treatment. Some of these cases imperatively demand the care of an asylum; but when the circumstances are such that efficient means can be procured outside, it is better that they should be kept by themselves. Association among the insane cannot help leaving many injurious effects upon a child, even if the mental equipoise is restored. The fact that insanity occurring in the very young is usually the result of some organic lesion of the brain, precluding the probability of perfect mental restoration, may help the practitioner in forming his decision.

Having excluded the classes mentioned, sufficient numbers remain whose condition imperatively demands, both for the good of the patients themselves and the safety of those about them, that they should be placed under the care of an asylum. First among these we would rank all acute cases not too weak to bear the journey. The great violence of many of these cases renders it impossible for the general practitioner, with the means at his command, to keep them under any control. Impelled by the delusions of the frenzied brains, they repel the advice of friends and the commands of the physician, and the disease, unchecked, drives them recklessly on towards death or the still darker bourn of dementia. Other cases less dangerous to themselves and others, continually surrounded by the causes which have produced the mental malady, and the associations connected therewith, resist the most careful medication, and gradually drift into a hopeless chronicity. Absolute change of scene, habits and associations, with a regular life and skilled, experienced treatment is needed, which can only be found in an asylum. The large percentage of recoveries effected when the the patients are at once subjected to treatment (of admissions within the first three months from 60 to 80 per cent.,) is sufficient argument for this treatment. Not less forcible is the fact of the comparative incurability after the first few months. Gensinger says: "Esquirol estimates that after three years' duration of the

disease only one in thirty of the cases recovers. (Gens. on Mental Diseases, p. 451, ¶199). In view of these facts a physician is criminally responsible who fails to advise the immediate removal of these cases to an asylum.

No phase of insanity is often more difficult to cure than that characterized by marked suicidal tendencies. Transmitted from parents to children, it frequently appears in different members of a family, at about the same age, whatever may have been the exciting causes or surroundings of the patient. Exceedingly cunning and persistent in their efforts, only the most constant care and vigilant watchfulness can thwart their desperate attempts at self-destruction. No such cases can, with safety, be trusted to home care and treatment. The numerous means at hand and frequent opportunities afforded render it almost certain that, sooner or later, they will accomplish their purpose. The cases which occasionally elude even the constant watchfulness of asylums, but they more fully emphasize the risks which friends take when they keep these patients at home. For months, while in an asylum, these impulses may be concealed simply to be carried into successful action when removed by sympathizing friends. Of this class, the following is an illustration :—

Mr. J. D. B., age 51; carpenter, married. Mother died insane. Maternal aunt insane. Father and sister committed suicide. Admitted to State Homœopathic Asylum June 15, 1875, with following history: For past two years has been much addicted to venery with wife. Has delusions on various subjects, at short intervals, changing from one subject to another, most common delusion being that he is coming to want. Is cheerful in company of friends, and moody when alone. Has had premonitory symptoms for fifteen years; within fifteen months past, more marked and increasing evidences of insanity. Has constant, intense occipital pain; voice weak and childish in tone; hearing defective; sight failing. More emaciated than usual, and somewhat troubled at times by dyspepsia. Patient improved under treatment, and, appearing well to the friends, was removed Oct. 15, 1875, in spite of urgent remonstrances of the physicians. Sequel: committed suicide by hanging, Jan. 1, 1876. The daily papers are continually filled with instances of this character, the responsibility of which, in a large measure, rests upon the general practitioner for neglecting to place them in custody. Nor is the injury limited to the individuals themselves, as the epidemic character of these impulses is liable to influence others, before unaffected, to follow their example. Hence we feel that we cannot too strongly urge the general practitioner to place all suicidal cases immediately under asylum care.

Another class demanding the care of an asylum for the protection of themselves and their families is that composed of the sufferers from general paresis. Especially is this need manifested in the early stages of the disease, when the conduct of the patient is wont to be ascribed to moral obliquity rather than mental unsoundness. Filled with delusions of grandeur, every enterprise to the patient's mind is golden, and inspired by visions of boundless wealth, near at hand, they engage in the most ruinous adventures; or, impelled by an ever present nervous erethism, plunge into reckless dissipations. Yet, in spite of these manifest evidences of mental change, the friends of the patient often refuse to admit the

existence of insanity until financial ruin or family disgrace stares them in the face. Although it is often difficult for the practitioner, unaccustomed to the treatment of insanity, to diagnosticate these cases, a careful study will always reveal sufficient evidence of insanity, and an early confinement in an asylum would save multitudes of hard-earned fortunes and preserve, untarnished, many a fair family escutcheon.

Another class whose seclusion is demanded for the public safety is that of the insane possessed of dangerous delusions. Quiet, self-possessed, and often capable of carrying on their ordinary pursuits, they appear, to the unskilled observer, perfectly harmless. Suddenly the community is shocked by their commission of some dreadful crime. A wife sets fire to her home, a husband kills his wife and children, or the whole nation is plunged into grief by the hand of a foul assassin. The carefulness with which the plan is formed, and its skillful execution, immediately raises in the minds of the public doubts as to the insanity of the criminal, and the cry for vengeance is raised on every side. A careful study, however, of every case will reveal the presence of a diseased brain and the existence of delusions of which the crime was but a natural culmination. Justice demands that these unfortunates should not be treated as ordinary criminals, and yet the public should be protected from their violence. The remedy must be admitted by the general practitioner, who, by enlightening the friends of these patients as to their dangerous character, and insisting upon their incarceration, shall prevent the possibility of their committing mischief upon their friends or the general public.

Another class exceedingly dangerous when at large, and to which a large number of insane criminals belong, is that of insane epileptics. Entirely unconscious of their acts during their paroxysms of fury, these patients may commit the most horrible and sickening crimes and retain no remembrance of them after their return to consciousness. Medical jurisprudence and general psychological literature is filled with examples of this character. In many of these insane criminals, up to the time of the commission of the crime the disease may have remained masked, or the patient have exhibited only slight attacks of the *petit mal.* Most of these cases, however, ultimately develop the disease in its full hideousness. Cunning, crafty, tricky and treacherous, no patients are more dreaded by those accustomed to the care of the insane. Possessed of a marked hereditary taint, with imperfectly developed brains, and presenting numerous marks of an insane diathesis, these cases afford the greatest amount of trouble to their friends and to the medical and judicial authorities. Numbers of youthful criminals now thronging the penitentiaries and houses of correction belong to this class, and would be much more likely to be benefited by the treatment of an insane asylum than that of any criminal institution. These unfortunates should not be classed as public enemies, but as diseased human beings, and, as far as possible, should be committed to insane asylums, not only for the protection of society, but because this treatment offers the only reasonable prospect of help to the patients themselves.

This necessarily hurried and precursory presentation of the results of our observation and study of those cases demanding asylum care is presented to the general profession in no dictatorial or fault-finding spirit,

but as merely offering some hints to the busy practitioner whose numerous cases prevent any extensive study upon the subject. When asylums shall cease to be regarded as prisons and dens of persecution, and be looked upon as hospitals for the amelioration of the most dreadful human suffering, then will they be able to fully accomplish the benificent mission intended by a generous public in their erection.

XXVI.

How to Send a Patient to an Insane Asylum.

BY C. SPENCER KINNEY, M. D., Assistant Physician to the New York State Homœopathic Asylum for the Insane, Middletown, N. Y.

In all specialties, those engaged therein, find in others in the same profession, but in other departments of research, a lack of knowledge that appears almost inexcusable; yet it is no wonder when we consider the wide field each branch of science offers to him who undertakes to cull from its resources the flowers ever waiting for his hand.

In the profession of medicine, responsibility always hovers over the labor of the practitioner, and guarded is he who possesses the secret wherewith he may disarm his ever present antagonist.

While the object of this paper is to present nothing new in itself, the experience of several years has demonstrated to us that a paper of so brief a nature as the subject will permit, would be of practical value to such as may be called upon to commit a patient to asylum care.

That but few medical certificates are made out sufficiently strong to protect the physicians making them from the penalty the law imposes upon those who fail, is a lamentable truth that all who have had experience in this branch of hospital work will readily attest.

The laws of the State of New York are very explicit regarding the requirements for commitment, and so far as being complete is concerned, are in advance of any other state in the union, and correspond closely with those of England.

On the face of each certificate is an extract of the laws respecting the precautions demanded, so that the physician has no excuse for not comprehending the position he accepts.

To those who may not possess a certificate, the wording of the law is here given.

From chapter 446, laws of 1874, State of New York: Section 1. "No person shall be committed to or confined as a patient in any asylum, public or private, or in any institution, home or retreat, for the care and treatment of the insane, except upon the certificate of two physicians, under oath, setting forth the insanity of such person. But no person shall be held in confinement in any such asylum for more than five days, unless within that time such certificate be approved by a judge or a justice of a court of record of the county or district in which the alleged lunatic re-

sides, and said judge or justice may institute inquiry and take proofs as to any alleged lunacy before approving or disapproving of such certificate, and said judge or justice may, in his discretion, call a jury in each case to determine the question of lunacy.

§ 2. It shall not be lawful for any physician to certify to the insanity of any person for securing his confinement to any asylum, unless said physician be of respectable character, a graduate of some incorporated medical college, a permanent resident of the state, and shall have been in the actual practice of his profession for at least three years, and such qualifications shall be certified to by a judge of any court of record. No certificate of insanity shall be made except after a personal examination of the party alleged to be insane, and according to form prescribed by the state commissioners of lunacy; and every certificate shall bear date of not more than ten days prior to such commitment.

§ 3. It shall not be lawful for any physician to certify to the insanity of any person for the purpose of committing him to an asylum of which the said physician is either the superintendent, proprietor, an officer, or a regular professional attendant therein."

Before proceeding to make an examination of a patient for commitment, it is well that the physician understand what he is about to do.

"Insanity at law means a permanently disordered state of mind, beyond the control of the individual, and produced by disease." Dr. Ordronaux, Judicial Aspect of Insanity.

To define precisely what insanity is, is a task the difficulties of which have often been acknowledged.

The most comprehensive definition is that of Dr. Andrew Combs, who gives as "the prolonged departure without an adequate external cause, from the state of feeling and modes of thinking usual to the individual when in health, that is the true feature of disorder in mind."

During the examination the physician is obliged to bring to bear a judicial mind upon the investigation, for in business, social life, or matters intimately concerning the patient, reasons may exist for entertaining ideas that would be unusual unless the cause for them be known to the examiner, and he must keep this uppermost in mind throughout the interview.

Considerable has been written in reference to the method to be pursued in examining a supposed lunatic. While no fixed rule can be given that will apply in all cases, yet a few suggestions may be of value to those who have had but little experience in this annoying branch of professional duty.

Frequently the physician may be given uncalled for, as well as questionable testimony by the friends of the patients, and before accepting he will do well to consider it.

In the first place stratagem should not be employed, if it is possible to avoid it, and it is difficult to understand how a condition could exist that would justify its use, provided a straightforward course has been pursued throughout. Once used, however, the physician may create a suspicion that will cling to the mind of the patient an indefinite length of time, although he may have no further cause than the unwise conduct of the examiner engendered.

In opening the conversation do so in a natural and easy manner, and

not endeavor to pass for anything but what you are. As to subject matter, the most important one to any suffering from mental disturbances, is the question of self in some form or another.

By directing the thoughts of the patient to his health, position, friends—enemies too if he has them, of his past and future prospects, and to questions of the day, the surest means of bringing to light his distorted mentality will be attained.

During the conversation the physician must not fail to contrast the present style of thought and action, with that which has distinguished the patient in the past.

The nature of the mental change should be presented clearly upon the face of the medical certificate, in language simple and concise, and it is well to remember that the mental symptoms are of much greater importance than the physical, although the latter may occupy a secondary position. As the terms delusion, illusion and hallucination may not be thoroughly understood, the definitions of Dr. Blanford are here given: "A delusion is a false belief in some fact which, generally speaking, personally concerns the patient, of the falsity of which he cannot be persuaded, either by his own knowledge and experience, by the evidence of his senses, or by the demonstrations and declarations of others."

"Hallucinations are false preceptions of the senses, the eye, the ear, the nose, and so on."

"An illusion is also a false perception of the senses, or rather a mistaken preception."

The difference between a delusion and an illusion may be briefly stated, in the fact that a delusion, strictly speaking, pertains to the highest mental functions, and has no direct connection with sensation in any form. Illusions, on the other hand are objective in relation to the sensorium. Occasionally there will be difficulty in obtaining any symptoms from some patients at a single interview that will warrant the physician in making out a commitment.

Some of these cases will be those suffering with sub acute mania, and unless taken at their period of activity may restrain themselves to such an extent that a stranger can perceive in them nothing indicative of insanity. In all such cases, and when the physician does not care to accept the testimony of others, he will be obliged to wait until the patient has another attack in which he may be observed. When there is any ground for doubt the physician will do better to relinquish a case, than to criminate himself by a hasty action for it would be decidedly unpleasant to be summoned into court to learn that he had been unwittingly made the instrument to further the unscrupulous designs of some relatives.

To those who are interested in the success of homœopathy and the institutions that practice this system of medicine, it may be well to call attention to the fact that an amendment, pursuant to chapter 414, section 1, laws of 1874, enables those who may desire homœopathic treatment to receive it at the public expense. The law referred to reads as follows:

"County judges and superintendents of the poor in any of the counties of this state, and all county or other officers having authority to commit insane persons to any of the state lunatic asylums of this state, are hereby authorized to commit indigent and pauper insane persons, for

whom homœopathic treatment may be desired, to the state homœopathic asylum for the insane, at Middletown, in the same manner and on the same terms and conditions as are now required or may hereafter be required by law, for the commitment of indigent or pauper insane persons to any of the other state lunatic asylums in this state, provided the number, in the aggregate of such persons shall not exceed the accommodations at the disposal of the superintendent in said asylum.'"

The physician will probably be called upon to decide as to the terms on which the patient is to be admitted. Two general classes are recognized, private and county, both requiring two medical certificates properly made out as previously explained.

The private patient is admitted on a bond, signed by responsible parties, for their maintenance during their stay in the institution. The county case is admitted on an order from the county superintendent of the poor of the county in which the patient resides, or, if the patient has become insane within the year, the certificate of the county judge is sufficient.

After the papers have been made out, the physician may again be called upon to advise as to the method to be pursued in the removal of the patient from home.

Dr. John P. Gray, in speaking of this matter says: "In conveying a patient to an asylum, let it done by force rather than by deception. Truth should not be compromised by planning a journey to, or a visit to the asylum, and when suggesting the idea to the patient of staying, while his admission was already decided upon; nor should patients be induced to come and stay a few days to see how they like it, under the impression that they can leave at their pleasure. Such treachery not only destroys confidence in friends, but also, too often in us, by the seeming conspiracy to which we are supposed to be a party, than which there can scarcely be a greater barrier to improvement. The patient should be brought by an intelligent and intimate acquaintance, who will be able to give a minute history of the case, or a written account should be transmitted."

XXVII.

Origin of Nervous Diseases.

By T. L. Brown, M. D.

The history of an insane person is a record of disobedience. The quantity and quality of the blood on which the brain and nerves depend for existence has been changed in character by errors in respiration, digestion, exercise, sleep or rest, if poisons have not done the vile deed.

Every form of disease is the result of some one or more bad combination or absence of the elemental forms which are absolutely necessary to organization or reorganization, or the presence of foreign or poisonous forms of matter in too near relation with the process of nutrition. Every change in our bodily form has its beginning in the right or wrong com-

bination of the material of which we are composed. Not a sensation or thought without a material form or motion to cause it. Every normal or morbid condition of the body or mind has its origin in matter combinations. As we use the gases, the liquids and solids, so are we healthy or unhealthy, whole or in part in the form.

We are dependent upon the correct combination of the most minute forms of gases for our two-atom beginning, and the continued combination of the other essential forms during each act of respiration, digestion, assimilation, nutrition and excretion, for our healthy continuation. Whatever first interferes with any one of the least important of our physiological necessities is the origin of the nervous disease that may follow. One atom less of oxyen in a blood corpuscle will make it just that much less efficient in its work of repair to the wasting brain or nerve.

None of the organs of the body are diseased without a material specific cause. Not an ache or pain which is not the result of some form or motion of a form within or without the bodily structure. The most frequent causes of nervous disease are the narcotic poisons used to bridge over the fearful debility-chasm caused by sexual abuses and over bodily and mental work. In many instances sexual excess is the only primary cause of deformity and insanity.

In tracing the history of a case of insanity, how certain we are to find as the origin either bad air, unnatural food, impure water, lack of or over exercise, too little sleep and rest, emotional or untrue teachings, and, sometimes later, all combined in one person, making an epitome of all or nearly all of the known causes of the organic mischief in the brain and nerves. How often the doctor promises a cure in such a case by the use of one remedy, when that remedy cannot supply good air or proper food—the only thing wanting in the very origin of the attack and the main thing needed to cure the disease. The majority of diseases find an origin in the absence of sufficient pure air. A continued out-door life, with sufficient food, drink, exercise and sleep, is an almost entire exemption from disease and more especially that of a nervous character. One inhalation of pure air is worth more than any other form of matter you can name to begin our independent, individual existence and continue the same or any other physiological process known to the physician. Hence, where respiration is disturbed, we find the origin of nerve disorganization, and consequent loss of nerve structure and mental capacity. By all means attend to every circumstance influencing respiration, before you promise a cure in any case. The reason is most apparent when we remember that three-fourths of every healthy human being is made up of oxygen gas; one-fifth he must take in from the air, one-third in the water, and the rest in his food, or not put in the ordinary sound appearance. Oxygen is the ruler of a sound form and correct thought in man, no matter where he may be. The inspiring of the one-fifth of the air controls all the following life-phenomena of existence. Thousands of people die daily who would have lived longer if they had taken more care to respire pure air and taken less drugs and other non-substitutes for air, pure and fresh.

In life there can be no substitution for any one primary element entering into the needed composition of the completely healthy human form. Some are tougher than others only because they are better organized and

their parentage and former circumstances have continually favored them. It is these essential advantages that we must educate our patients to take advantage of, if we expect to cure their nervous diseases. Remove the cause and then supply the loss of material and activity indispensable, if you expect to cure the patient. Medicine has its time of action and use, but cannot supply air, food, exercise or sleep.

The art and skill exhibited by a true physician is in the right use he makes of all the knowledge possible to produce a sound body for the right brain motions. Loss of sleep, while in a badly ventilated room, will change the physical structure of the brain and produce insanity sooner than any other cause save that of narcotic poisons or sudden mental emotions. Without brain rest and natural sleep, there could be no sane thoughts or correct reasoning. Sanity, in all its forms, is a history of personal as well as parental obedience to natural law and order taught us in modern physiology. Motion and rest, supply and waste, proper temperature, uniformity of physical and mental relations control a life of individual sanity. No sanity without order and regularity in the process of bodily organization and reorganization. By the right material combinations of the fifteen original elements of which we are composed, in the only way we find they will combine under timely contact, temperature and motion, can we prevent or cure nervous diseases. No mental phenomena without bodily organization; no nervous diseases without material disorganizations.

XXVIII.

A Contribution to the Pathology of the Brain.

BY JOHN A. ROCKWELL, M. D., New York.

The pathology of the central nervous system has as yet been very little elucidated, for the simple reason that its minute anatomy has not as yet been fully understood.

The reticulum in the gray substance, first described by J. Gerlach, of Erlangen, and by L. Mauthner, of Vienna, twenty years ago, has been considered to be nervous in nature, as both observers saw this reticulum in direct communication with axis cylinders. Quite recently, however, this assertion has been contradicted by S. Sticker and L. Unger, who claim that the reticulum is an elongation of the pia mater, and therefore of connective-tissue nature.

So far as my experience goes, I must coincide with the views held by Gerlach and Mauthner. I invariably succeeded in staining the reticulum of the gray substance violet with a solution of chloride of gold, the same as the nuclei which are scattered throughout the gray matter, and the ganglionic elements, whose nervous nature cannot be questioned. Moreover, I saw the reticulum in connection with axis cylinders, which we also know to be positively nervous elements.

It seems to me that the question, What is connective tissue and what is nervous structure in the gray substance? will never be definitely answered, as the connective-tissue offshoots of the pia mater, upon reaching the finest ramifications, lose their glue-yielding basis substance and become bioplasson in nature, the same as the nervous structure itself. Besides, a fatty degeneration, as also a waxy or amylaceous degeneration of the gray substance, is known to occur. C. Wedl, of Vienna, was the first to maintain that a waxy degeneration may also invade the capillary blood-vessels, resulting in the formation of shining homogeneous cords, ramifying like blood-vessels and freely supplied with pedunculated, bud-like, stratified projections.

The amylaceous corpuscles have, for a long time, been known to occur in the gray substance of the central nervous system, where they represent bright, stratified, apparently structureless masses, containing sometimes in their central portion an unaltered plastid.* Such corpuscles are so common both in the gray substance of the brain and the spinal cord, and in the arachnoid of each, that some histologists have asserted that they were normal formations—for instance, Frey, of Zurich. They occur either singly or in double or multiple formations, clustered and partly coalesced.

Their designation "amylaceous" originated with Virchow, who, upon applying Iodine and dilute Sulphuric Acid, could in some instances produce a bluish tinge of these corpuscles. Upon the authority of Virchow the name "amylaceous corpuscles" has been accepted, although the bluish color after treatment with Iodine, which feature reminded Virchow of starch corpuscles of plants, by later observers could not, or only in a very slight degree, be produced. Evidently, the bluish color, wherever it occurs, is nothing but the complementary color of these highly refracting bodies to the yellow-brown neighborhood after the application of Iodine. I consider this reagent of no value.

What the intimate nature of the amylaceous corpuscles, or the waxy degeneration in general, is, we do not know. Dickinson, of London, maintained that the waxy material is dealkalized fibrine; but the assumption is merely hypothetical, and not as yet chemically proved. This much is certain, that the formation of these corpuscles, as well as the waxy degeneration itself, is closely connected with chemical alteration of the plasma of the blood, inasmuch as in almost all instances the waxy change is known to first invade the blood-vessels. In the spleen and the kidneys the muscle coat of the small arterioles is, as a rule, the first to exhibit the waxy change. In the brain the capillaries are unquestionably the first invaded formations, as recently proved again by J. Baxter Emerson, of New York, in his able paper, "Periencephalitis."†

This observer, in one case of encephalitis, observed in both hemispheres of the cerebellum "ramifications, closely resembling those of the capillaries, with sharp, well-defined, fluting outlines, colorless and of a high refracting power. Such groups were found principally in the granular

*The word "plastid" has been used (suggested by Dr. L. Elsberg, of New York, and adopted by Heitzmann and others) f r a lump of living matter, in place of "cell," etc.

† 'Journal of Nervous and Mental Diseases," April, 1880.

layer, but extended somewhat into the contiguous layers. There were also numerous isolated, highly refracting bodies scattered throughout the whole cerebellum, but mainly in the granular layer. With the higher power of the microscope, peculiar changes of the capillaries were shown; namely, the capillaries were transformed into either single or double rows of brilliant, colorless globules, or completely transformed into a glistening, rod-like mass, with fluting outlines and numerous partly pedunculated buds." "Exceptionally," Emerson says, "I found the cells of Purkinje, with their offshoots, presenting the same glistening, highly refractive appearance as the capillaries and the corpora amylacea."

The case from which my specimen has come was one for two years under the care or observation of Dr. E. H. Linnell, of Norwich, Conn.*

"Mr. T——, aged 63, of nervous temperament and thin habit, first consulted me," says Dr. Linnell, "for failing vision, in November, 1879. His avocation had been that of a photographer until ill health, which he attributed to the constant handling of chemicals, obliged him to relinquish it. Inquiry elicited the following facts: For the past eight or nine years he had been subject to frequent attacks of neuralgia, affecting his head and limbs; he had been habitually constipated; his urine had been somewhat increased in quantity, light colored, and passed frequently; and for four years he had had paralysis agitans affecting his right arm and leg, but more markedly the arm. This tremor developed gradually, and was attended with partial anæsthesia, denoted by numbness and tingling sensations in the affected limbs, and by general debility. In other respects he enjoyed good health until the fall of 1879. During the night of Sept. 27, of that year, he had a sudden severe attack of pain in the head, extending from vertex to chin, accompanied by total blindness and followed by vertigo, nausea, and slow pulse. Digitalis was prescribed, and after twenty-four hours the intensity of symptoms was moderated, and his sight began very gradually to be restored, but was never fully recovered. He continued to suffer with neuralgic headache and vertigo, and his gait became halting and uncertain. His mental faculties, however, remained unimpaired, and the paralysis agitans, or the difficulty of locomotion, did not increase. When I first saw him, VOU$=\frac{20}{30}$, refraction Em. He had, however, left-sided binocular hemianopsia. . . . In the latter part of April, 1880, he had another sudden attack of complete blindness. This attack was unattended by pain, and was of shorter duration than the first." During the following year Dr. Linnell says "his sight seemed to fail gradually, until he could with difficulty distinguish large objects. He complained much of dizziness, but suffered less pain; walking became more fatiguing, the right leg seeming heavy, and as if too long. He retained the use of all his faculties, and could converse intelligently, although his mind seemed to lose some of its natural vigor. In the latter part of June, 1881, he was suddenly seized with a general tremor of the whole body, afterwards becoming more pronounced upon the right side. This was not attended with pain, and he apparently recovered from the effects of it; but had a similar seizure July 2, accompanied with constriction of the post-cervical

*Published in "Archives of Ophthalmology," Vol. X. No. 4, December, 1881.

muscles. The rigidity increased, he soon became unconscious, and was apparently entirely blind. After a few hours he partly regained consciousness, and had perception of light. From July 4 to 8, he seemed to improve somewhat. From this time he gradually failed, both in intellect and strength, until he became comatose, in which condition he remained for several days, and died July 19."

An autopsy was held in the afternoon of the day of his death, with the following result:—

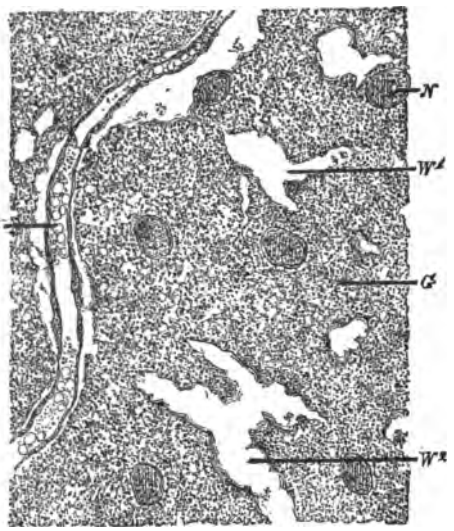
"The dura mater was so firmly adherent that the calvarium could not be removed without cutting through it; and, in so doing, several ounces of dark fluid blood escaped from the sinuses. Both it and the arachnoid appeared healthy. The pia mater was much injected, the veins being distended with dark blood. The entire weight of the brain was two pounds fifteen and one-half ounces. The cortical substance of the cerebrum was of normal consistence; but upon section of the right hemisphere, a large and firm coagulum was found in the medullary substance. It was nearly circular, and measured approximately 4 cm. in diameter and 2½ cm. in thickness. It was situated a little anterior to the centre of the hemisphere, and did not anywhere encroach upon the cortical substance. The contiguous brain substance was softened for a thickness of about two lines, but the clot was removed almost entire, and there was no serum, pus, or other indication of inflammation or of extensive degeneration. No pathological changes could be discovered in the left hemisphere. The fluid in the ventricles was not appreciably increased in amount, although there was more serum upon the left than upon the right side. The velum interpositum and choroid plexuses of the ventricles were highly vascular, the veins being turgid and swollen, and this was more marked upon the left side. The tubercula quadrigemina were manifestly degenerated, and presented the appearance described as white softening. This condition was much more evident upon the *left* side, but it was limited to these bodies. It also extended laterally and anteriorly, involving the corpora geniculata, the posterior and inferior portions of the optic thalamus on the *left* side, and also, to some extent, the floor of the fourth ventricle. A portion of the left optic tract and the adjacent under surface of the thalamus was removed for microscopical examination. This was so soft as to require very careful handling to prevent crushing."

Dr. Linnell kindly sent me a portion of the under surface of the left optic thalamus, which came to me a few days after it was removed from the corpse, preserved in alcohol. The specimen exhibited a grayish-yellow discoloration, as if fatty. It was placed in a very dilute (one-fifth per cent.) solution of chromic acid, and after a few days was sufficiently hard to be sliced with a razor. The sections were mounted in glycerine, and even those which went through the treatment with alcohol and oil of cloves were again introduced into water and mounted in dilute glycerine.

Incidentally, I wish to say that for three years I have been pursuing microscopical studies in the laboratory of Dr. C. Heitzmann, of New York, and by repeated trials have become convinced that the mounting of specimens in glycerine is far superior to mounting in Canada balsam or Damar varnish. Comparative mountings in these liquids, especially

for specimens of the nervous centres, have resulted in the conviction that the balsam or varnish mounting ought to be wholly abandoned. Unquestionably one, if not the main reason why our knowledge as to the pathology of the brain and the spinal cord has progressed so slowly for the past twenty years, is the mounting in balsam. By this method, the specimens in a short time clear up to such an extent that the minutest details fade, and the specimens become unfit for research with high amplifications of the microscope, (800 to 1,200 diameters,) which are the only possible means of revealing the minutest normal as well as pathological features.

All the specimens obtained exhibited a peculiar change of the gray substance. This consisted in the presence of homogeneous, grayish fields of greatly varying size and configuration, mostly with fluted outlines, scattered throughout the gray substance. With lower powers of the microscope, I was satisfied that these shining fields either accompanied capillary blood-vessels, or were distributed without any regularity in the gray substance, or lastly, represented more or less straight tracts in closely lying parallel or in diverging fan-shaped courses, in the direction of the axis cylinders. The latter feature was especially pronounced in the neighborhood of the optic tract.



WAXY DEGENERATION OF THE GRAY SUBSTANCE OF THE THALAMUS OPTICUS. 800 diameters.

V. Capillary blood-vessel, containing a granular mass, compressed at its upper portion, surrounded by a layer of the waxy mass.

G. Gray substance, the meshes of the bioplasson enlarged by the waxy material, which collects into branching, irregularly contoured, shining fields, W1, W2.

N. Nucleus of the gray substance; a part of the periphery, surrounded by a waxy mass.

The shining fields are doubtless in close relation to the capillary blood-vessels, inasmuch as they appeared by the side of the capillaries, as if in

the perivascular space, without at first invading the endothelial coat itself. With advancing degeneration in the neighborhood of the blood-vessels, they, also, became destroyed to such an extent that the direction of the glistening tracts was the only indication of the course of the former capillaries; though also in such tracts, occasionally, a small portion of the original capillary was found embedded. The numerous straight tracts following the course of the axis cylinders were evidently due to a degeneration upon a large scale.

Owing to the tolerably high degree of refraction of these fields, my first impression was that a fatty degeneration of the gray substance had taken place. The treatment of the specimens, however, with strong alcohol and oil of cloves, at once revealed the fact that these formations could not be fat, for they were not perceptibly altered by those reagents. A second full proof of their not being fat was the treatment with a one per cent solution of osmic acid, which we know to be the most trust-worthy reagent for fat, and which should in a few moments stain the fat black. No such thing occurred in my specimens.

The next question was, could the waxy nature of these fields be proved by the application of different reagents? To answer this question I applied the following reagents: Carmine, iodine, hæmatoxylon, fuchsine, violet methyl-aniline, picro-indigo, and chloride of gold. Among those, picro-indigo was the only one which, in Emerson's case, yielded a positive result, where the waxy blood-vessels and globules were rendered by it a bright green. In my case no one of these reagents, not even the picro-indigo, yielded positive results, as all the hyaline fields remained unchanged in their color.

Nevertheless, I am satisfied that this change is materially a form of waxy degeneration; somewhat different from the degeneration in Emerson's case, but kindred to the waxy degeneration which, two years ago, J. B. Greene* described in the placenta as the most common cause of abortion and premature birth.

This certainty as to the nature of this degeneration could be obtained by a study with high amplifications of the microscope, such as 1,000 to 1,200 diameters. The best specimens for the study with such high powers I obtained by the treatment with a one-half per cent solution of chloride of gold, in which solution the specimens were placed for one hour and twenty minutes, after having been thoroughly soaked in distilled water. By this the blood-vessels were rendered dark blue violet, and the gray substance, with its nuclei, purple, while the shining fields remained unaffected. Here I could see the first change into the shining, homogeneous mass before mentioned, at the periphery of the capillary blood-vessels, and in the mesh spaces of the bioplasson reticulum. By the transformation of the liquid contents of a mesh space into a semi-solid shining mass, the space became enlarged and the neighboring reticulum was pushed apart. By coalescence of neighboring shining formations, larger clusters with fluting outlines originated, in the middle of which often a faint trace of bioplasson was recognizable in the shape of a few delicate granules and their connecting

* "American Journal of Obstetrics and Diseases of Women and Children," Vol. XIII. No. 2, April, 1880.

filaments. Whether or not the reticulum of the bioplasson within the homogeneous masses was destroyed, I am unable to say. Not quite infrequently I met with small clusters of the homogeneous mass around nuclei of the gray substance, as if ensheathing them. In the further progress of the degeneration, a great many capillaries became destroyed; probably first by pressure, and later by transformation. These blood-vessels, free of the change just described, looked, especially in their transverse sections as if compressed and engorged with blood corpuscles.

The result of my researches proves that there are waxy degenerations going on in the brain tissue kindred to the waxy degeneration in other organs, such as the spleen, the liver, the kidneys, and the placenta. The intimate reason of this degeneration is not known, nor do we understand its intimate chemical construction. One thing is certainly of interest in the case examined; namely, that the blood-vessels being destroyed to great extent by waxy degeneration, the circulation of the blood in the brain is interfered with, and an encephalitic process may in consequence ensue; or the walls of the blood-vessels, being rendered brittle by the waxy degeneration, may give way the same as in fatty degeneration, and give rise to cerebral hemorrhage.

XXIX.

Homicidal Insanity.

BY W. M. BUTLER, A. M., M. D.

Insanity has become a common plea in defense of crime. Incendiarism, theft and murder have sought protection under this cloak, from the fatal shafts of the law. Influenced by the persuasive arguments of the counsel at the bar, one might almost be persuaded that crime had ceased to exist, save as a symptom of physical disease, and that old fashioned sin had become obsolete. It is, therefore, no wonder that the people have become suspicious and distrustful of this plea, and that judges, juries and doctors have often failed to agree. Yet that the plea is often just and that numbers of persons exist who, by reason of their disease, are as irresponsible for their impulses, and the blood with which they are stained, as the locomotive, under full steam, for the victim crushed beneath its wheels, no one can doubt who is conversant with the insane. Numbers tread our asylum wards, apparently quiet and unoffensive, who need but the freedom of the outside world and the excitements of active life to render them more dangerous than beasts of prey. The more fully these cases are understood by the general public, and the administrators of the law, the less frequently will injustice be done, by the acquital of the guilty, or the condemnation of the innocent.

To the consideration of this class of cases, and the forms of insanity with which these unfortunates are afflicted, we propose briefly to call your attention.

The forms of insanity under which all undoubted insane homicides can be classed, are mania, melancholia, general paresis, epilepsy and dementia.

MANIA.

Each form of mania, the acute, sub-acute and chronic furnishes its quota of homicides.

ACUTE MANIA.

Acute mania, sudden in its attack and overpowering in its influence over body and mind, sweeps away every vestige of reason and self-control and impelling its victim, by the delusions it suggests, into paroxysms of blind fury, may plunge him into the most horrible depths of violence and bloodshed. From this class a large number of the most fatal results occur. From a tabulated statement prepared by Dr. John P. Gray, for the *American Journal of Insanity*, in 1875, of one hundred and twenty-five cases treated in the Utica asylum for the insane, we find twenty cases of acute mania, eighteen men and two women of these, five were successful and fifteen unsuccessful in their attempts. Of seventy-two cases that have been treated in the state homœopathic asylum for the insane, who have either committed, attempted, or threatened homicide, we find sixteen cases of acute mania, eleven men and five women.

Fatal results from this class of cases would more frequently occur, were it not for their manifest physical symptoms, which render them objects of fear to those about them, who, therefore surround themselves by appropriate safeguards. Comparatively few of these cases appear in courts, as their insanity is seldom called into question. The following cases from Dr. Gray's collection, are good examples of this class.

Case 1. Male, aged 40, a wealthy land speculator, of intemperate habits, was a violent, revengeful, suspicious man. At the first outbreak of an attack of acute mania, stabbed a man in the street, in the daytime, under the delusion that he was following his footsteps to rob him. Recovered and eloped from the asylum.

Case 2. Male, Sandwich Islander, aged 30, a sailor of good habits, educated. His purse was stolen by the steward of the vessel, while in port, and under the impression that he was doing right he stabbed the steward. When an attempt was made to arrest him, in maniacal frenzy he killed two men by stabbing, and wounded several others. Was finally shot down and captured. Acute mania continued for some time. Was acquitted on the ground of insanity. Discharged, recovered.

SUB-ACUTE MANIA.

Sub-acute mania, while causing less physical disturbance than acute-mania, produces some of the most dangerous lunatics. Possessed of delusions and subject to paroxysms of excitement, yet most of the time capable of self-control, able to converse rationally, their cunningly devised plans may be unsuspected and their insanity unquestioned until the fatal blow is struck and the fact of their insanity is sealed in blood.

These are the cases which produce trouble in courts of justice, the question of their insanity being often a matter of disagreement between doctors and juries.

Of the one hundred and ninety-seven cases treated in Utica and Middletown, we find twenty-three cases of sub-acute mania, seventeen men and six women. The following is a case of this class.

Class 3. Man, aged 50, native of Scotland, farmer, no insane relatives. After having been insane four months, but apparently harmless, killed his brother-in-law by stabbing, under the delusion that his brother-in-law was a Prussian, and he himself a Turk, there being at this time war between Prussia and Turkey.

After fourteen months treatment in the State Hom. asylum, was removed to Willard asylum for the chronic insane.

CHRONIC MANIA.

The homicides of this class are usually those who, although relieved of permanent physical symptoms, characteristic of the early stages of this disease, still cherish dangerous delusions. Under the influence of treatment, or restraining surroundings, these delusions may be long concealed, until a belief in their non-existence affords to the patient a favorable opportunity for bringing to a fatal culmination plans long since formed in their distorted brains. Impelled by delusions, the careful preparation of their plans, and the shrewdness manifested in their execution, would, in many cases, do credit to the best balanced minds. This skillful planning, and frequent manifestation of motives common to persons of sound reason, often raises a doubt as to the insanity of these criminals, in the minds of persons unaccustomed to the daily observation of this class of lunatics. Yet in spite of these damaging appearances, these cases may be entirely governed by their delusions and utterly irresponsible. The fact that in our collection of cases we find thirty, twenty-four men and six women of this class attests to their dangerous character. The following case is cited by Dr. Gray.

Case 4. Male, aged 50, farmer of ungoverned temper, a drunkard. Was laboring under chronic mania, caused by prolonged intemperance. One morning openly stabbed a neighbor, under the delusion that he was unkindly disposed to him, Was tried, convicted and sentenced to prison for life. Was there found to be insane and sent to an asylum. Was a very dangerous man, constantly secreting and making instruments with which to kill those whom he disliked. After three years he escaped and died on his way home.

MELANCHOLIA.

Some of the most horrible and heart-rending crimes are committed by melancholics, usually against those most dear to them. The brain, reflecting the long-existing and debilitating disorders of the body, enclouds the mental vision with ever-increasing darkness until, enveloped in deep despair, the unfortunates are able to see no hope for themselves or their families, except through death. Led by their delusions, they usually seek to mingle their own blood with that of their victims, and endeavor to escape from misery through the portal of suicide. Heart sickening as are many of their crimes we can but pity the unfortunates, whose minds have become so distorted as to render their deep family love an actuating motive destroying those they hold most dear. Scarcely

a month passes but the public is shocked by accounts of those homisides, but for the interposition of indisputable medical testimony in their belief, many of these lunatics would pour out their blood as an expiatory offering to public clamor.

In our collection we find forty-eight cases of melancholia, twenty men and twenty-eight women. With the details of these cases you are all familiar, but we append the following:

Case 5. Woman, aged 30, wife of a farmer. Maternal uncle insane. In January, 1871, commenced to be depressed, but was retained at home. One day, frenzied by her delusions, she siezed her infant child, forced it into an empty trunk, and with a butcher knife, nearly severed its head from its body. Patient was lodged in jail, but being pronounced insane was sent to the Utica asylum, from which, after some time, she was discharged improved. After remaining at home several years was again pronounced dangerous and sent to the State Hom. asylum, Feb. 12, 1878. At this time was reported to be both suicidal and homicidal. The next day, after admission, made an unsuccessful attack on the attendant with a knife. Remained in the asylum seventeen months in a state of depression and suffering from a variety of delusions, was then discharged, unimproved.

GENERAL PARESIS.

A small percentage of the cases of general paresis are also homicidal in the first stages of the disease. In our tables we find six, two of whom were successful. The undeniable evidences of insanity in all these cases prevent their figuring in courts.

EPILEPSY.

No class of cases are more dreaded by asylum doctors and attendants than epileptics. Ungrateful, fault-finding, cross, irritable, treacherous and ugly, they continually require watching to prevent their doing injury to those about them. Even with those in which the mind is most affected the spasms can usually be anticipated by the marked change in the patient's disposition, just before the paroxysm.

Epilepsy manifests itself in three principal varieties, the grand mal, petit mal and masked form.

The petit mal may appear alone, or the patient, when the disease has become chronic, may have at one time an attack of the petit mal, and at another, one of the grand mal, or the petit mal may be simply premonitory of the grand mal.

While the grand mal may exist for years in some cases, without producing any more serious mental effects than a gradual weakening of the mind and slight crossness and irritability at the time of the paroxysms, in others just before, during or after the fits it creates the most intense mental excitement. Disturbed by hallucinations of the different senses, and impelled by delusions, they recklessly attack all about them with murderous frenzy. Although, during these periods of excitement, which may last for days, they may have short intervals in which they are able to converse rationally, when the paroxysms have ceased and the excitement has passed over the patients may not retain the slightest remembrance of any-

thing that has occurred. During the intervals, between the fits, the patients may be free from hallucinations and delusions, showing no marked signs of mental disturbance until the recurrence of the periods of excitement.

The petit mal, while presenting much less distressing external manifestations, than the grand mal, produces much greater mental havoc. Subject to almost unnoticeable periods of unconsciousness, the unskilled observer may fail to notice anything abnormal in these portraits. Yet, slight as the attack may appear, but a short time is necssary to work irreparable mental ruin. Influenced by these attacks, these patients frequently commit the most hideous murders, increasing the heinousness of their crimes by the most revolting mutilation of the remains. After the commission of the crimes, utterly unconscious of their acts, they make no attempts at escape or concealment, and in some cases have even laid down and gone to sleep by the side of the victim. This apparent brutality and utter indifference, entirely the result of disease, has frequently been interpreted, in courts of justice, as the deepest depravity, and the unfortunates have suffered the penalty of death, when in reality utterly irresponsible.

Nocturnal epilepsy, occurring in either form, often for a long time undiscovered, may utterly ruin the mind, so change the character of the individual that he may commit acts of violence before the real cause is suspected.

Masked epilepsy, occurring frequently in the young, and often for years only manifested by the mental characteristics, may be exceedingly difficult to differentiate from simple wickedness. These cases, sly, cunning, treacherous and revengeful, for some imagined wrong or insult, may wreak their vengeance upon some unsuspecting victim. While in these cases it may be difficult at the time, to establish fully the existence of mental disease, still when a purposeless murder, under especially aggravating circumstances occurs, we may well suspect the existence of epilepsy in some of its forms, and a careful investigation will usually prove the justice of our suspicions.

No class of cases excite as great popular indignation, and the public should be fully instructed as to their nature, lest, in their zeal for justice, they stain their hands with the legal murder of the innocent.

Many of the epileptics in asylums make homicidal attacks upon their attendants, or other patients, but from their known dangerous characters they are usually sufficiently guarded to prevent serious accident. Dr. Gray reports five cases as having been under treatment in his asylum, three men and two women, who succeeded in killing their victims before admission, all of them under aggravating circumstances. The pages of medical jurisprudence and psychological literature contain numerous accounts of cases illustrating the different phases of this disease, the dangerous character of which has been emphasized by deeds of blood. It is high time that the general public should be disabused of the prevailing idea that epileptics are usually harmless. Not until then will measures be adopted affording proper protection against those suffering from this terrible disease, which renders its victims utterly irresponsible for their crimes.

The following cases from "*La Folie devant les Tribunaux*," by Legrand

du Saule, illustrate the slight motives which may impel an epileptic to the commission of murder.

Case 6. Josephine D., subject to epilepsy, attended with imbecility, enticed a little girl to accompany her to the fields, where she choked her, having squeezed her to death with her hands and stole her ear-rings. Josephine was acquitted by the court of Assize at Laon."

Case 7. B. P., very gentle and very intelligent, was siezed with epilepsy at the age of fourteen, upon fright, and his intellectual faculties failed considerably, as it usually happens with such unfortunates, when the fits become violent and repeated. Scandalized at the nice attire of a young girl of fifteen, he struck her with a sickle he was holding and almost beheaded her. B. P. was cleared from prosecution, on the grounds of being affected with epilepsy and furious dementia."

DEMENTIA.

The remaining form of insanity, with which undoubted insane homicides may be afflicted, is dementia.

While this may exist as the primary disorder, we usually find it as the last scene of that mental tragedy, of which mania, melancholia, or epilepsy have comprised the preceeding acts. Here we behold man, reduced to a mental wreck, with the windows of the soul darkened and capable of transmitting but the faintest rays of intelligence. No more pitiable sight can be imagined.

In these cases all the moral and intellectual faculties are enfeebled and incapable of their normal activity. Over stimulated, and kept in constant activity by the initial diseases, the nerve force has at last become so exhausted as to be incapable of exciting healthy cerebration. While the affective and intellectual faculties are thus dulled, and insensible to ordinary stimulation, these cases may yet retain groundless and unchangeable feelings of revenge and hatred. Still possessed of illusions, hallucinations and fixed delusions, the smouldering and almost extinguished fires of the brain may, on occasions, be fanned into a blaze, and the quiet dement be transformed into a revengeful, murderous homicide. After the commission of the crime, the patient may again sink into his former apathetic state, all mental activity being exhausted by the one act. A seemingly large proportion of dangerous lunatics come from this class, since of our one hundred and ninety-seven insane homicidal patients, thirty-two were suffering from dementia. Numbers of this class, after the cessation of their active mental symptoms, are removed from asylums to private families or poorhouses and allowed their freedom, under the mistaken idea that they are perfectly harmless.

The following case illustrates their dangerous character.

Case 8. Admitted to Utica asylum, May, 1845, male, aged 40, a cabinet maker of intemperate habits. Under the delusion that he was the object of plots and evil designs, he killed a neighbor's wife by stabbing and burning. It was early in the morning and she was in bed with her child. He set the only door of the house on fire, and on her attempting to escape struck and stabbed her with a stick, in the end of which a piece of iron was inserted. She had three ribs broken and received a punctured

wound of the thigh, was severely burned and died soon after. The patient barricaded himself in his shanty, which was entered through the roof by the officers. Transferred to asylum for insane criminals.

We have thus briefly and imperfectly considered the forms of insanity which may impel their victims to deeds of bloodshed.

In all the cases of our collection we find the crime directly traceable to the influence of delusions, in some the crime being deliberately performed, in others committed in paroxysms of excitement, produced by the action of previously existing delusions.

Insanity is a disease of the brain, characterized by mental aberration, which manifests itself by delusions or abnormalities of thought, feeling or action. No case of insanity can exist except as the result of a diseased brain. Where no evidences of disease are discoverable, except such as are furnished by the crime itself, the criminal has no right to seek protection under the cloak of insanity. That the moral faculties may become perverted, in the course of mental disease, is beyond question, but that moral insanity can exist without any other evidences of mental derangement, we positively deny. Admit this and we do away with the necessity of all penal institutions. Crime is not necessarily insanity, and the time has not come when we need to demand that the gallows be abolished, and our prisons and penal institutions be transformed into insane asylums. The differential marks between crime and insanity are clear and distinct, and when these have become fully understood, judges and juries will cease to be puzzled by fine spun metaphysical theories and crime in every case will meet its just deserts.

XXX.

Transitory Mania and Irresistable Impulses.

BY S. LILIENTHAL, M. D.

Guiteau, the assassin of President Garfield, claimed irresponsibility for his crime, and therefore his liberty, on account of transitory mania, and the question may therefore well be raised, did this felon know what transitory mania is?

In fact, we consider it a misnomer; there is no such thing as transitory mania, and it would be well if our alienists would change its name to transitory fury, *Transitorisch Tobsiecht*, which Dr. Schwartzer, in his monography on the subject, so well defines it as "a kind of transitory, acute, furibund state of mind, showing itself in persons who always enjoyed perfect mental integrity, and who suddenly, with or without cause, are attacked by an excessive, active hyperæmia of the brain, discharging itself by unlicensed motory actions, *during which they are perfectly unconscious of what they are doing.* This insane fury may keep on at the same high rate for ten or twelve hours and end in a deep sleep of several

or many hours, from which they awake without any recollection of what they were doing, and which leaves them without any trace of the pathological change in the brain, without any mental defect.

Usually such a fit of transitory fury remains an isolated accident, in the life of such a person, and is never caused by a preceding physical disturbance, nor can heredity be shown. It passes off without medical aid.

Krafft Ebing, one of our best modern alienists, defines in his work "*Grundzugeder Criminal Psychologie*,"(Characteristics of Criminal Psychology,) mania transitoria, in these words: "We deal here with a perfectly sane person, who is suddenly attacked by a disturbance in his psychical life with total abolition of consciousness and of recollection during the time of the paroxysms, which may be as short as a few minutes, or lasting for several hours, and which may consist of a furor transitorius, or of an acute delirium, with high graded confusion, full of hallucinations with inhibitory apperception of the real world, and which closes with a deep sleep, from which the patient awakes mentally perfectly sound.

Severe cerebral congestions sometimes induce the attack, accompany it to its acme, and as predisposing causes we meet plethoric constitutions of people who, from over-exertion, parturition, etc., render their brains more irritable and less capable of resistance, whereas as occasional movements, aiding tl e fluxion to the brain, may be mentioned severe emotions, caloric influences, the alcoholic poison, carbon poison, etc. Young soldiers have been found especially liable to such attacks.

Hammond, (Worcester on Insanity, 208,) says: "The symptoms indicative of an approaching attack of temporary insanity are chiefly those of cerebral congestion, though it will be found on thorough examination other organs beside the brain are more or less deranged in their functions. Thus the appetite is lessened or altogether abolished, the bowels are torpid, the kidneys fail to eliminate the normal quantity of urine, the heart becomes irregular in its action and beats with increased frequency, a certain sign of a weak and excited nervous system, and the skin is either bathed in perspiration or harsh and dry."

We could quote many more authorities to prove that Guiteau did not suffer from that mental aberration usually demonstrated transitory mania, and he can therefore only claim the protection of insanity from that psychical affection, well-known as *Zwangsvorstellungen*, irresistable impulse. Let us again quote high authority, though what is termed "moral insanity," is a difficult subject to handle.

Worcester (l. c. 221) considers impulsive insanity to consist wholly of abnormal, perverse, irresistable impulses, and the one to which the term *moral* should be confined. Dr. Pritchard (l. c. 415) defines this moral insanity as a madness, consisting in a morbid perversion of the natural feelings, affections, inclinations, temper, habits, moral disposition and natural impulses, without any remarkable disorder or defect of the intellect or knowing and reasoning faculties, and particularly without any insane illusions or hallucinations, and Dr. Carpenter puts it even more strongly, saying: "Moral insanity may, and frequently does exist without any disorder of the intellectual powers or any delusion whatever, it is unquestionable that many criminal actions are committed, under the irresistable dominance of some insane impulse, the individual being at the same time

perfectly aware of the evil nature of this action, and of his amenableness to punishment.

Mendel (*Encicloepadie der geranewteo Heilkende*, 1881) accepts only the diagnosis of moral insanity, where the anamœsis from childhood up proves the existence of a morbid perversity of the moral and ethical feelings and as auxiliary movements in our diagnosis may be considered.

1st. An hereditary disposition to psychosis, the descendency from lunatic, epileptic, alcoholic parents.

2d. The proof of such somatic malformations, as delineated in many hand-books, just as the skull may show a deviation from the normal. So, also the brain and thus its psychical functions have not developed normally.

3d. The proof of epileptic, epileptoid states or rather morbid symptoms, emanating from the nervous system and having their foundation in pathological states of the central organs.

Characteristic symptoms of moral insanity are:

1st. A mental hebetude, based on a deficient development of mental power. With the deficient mental energy there is always associated a psychical laziness, they are above idlers, they hate any labor and find constant excuses for evading their work. Perseverance is an unknown factor in their existence, a characteristic symptom of their mental inferiority.

2d. The perversity of their inclinations and moral sensations, etc. A part of their perverse, and even criminal actions can only be explained by the workings of their mind, by the want of judgment on the consequences of their actions, by the total absence of inhibitory ideas, which would restrain them in such actions. In their morbidly affected brain, no moral ideas take hold and thus they follow their animal impulses. If mental weakness would suffice to produce moral insanity, imbecility and idiocy would be the same as moral insanity. As this is not the case, we must suppose that in moral insanity we deal besides the mental hebetude, also with a morbid development of diverse impulses, that with the defect in the intelligence there is an active stimulation in the psychical impulsive functions of life and this stimulation causes the perversities.

We consider therefore as moral insanity is exclusively a psychical disturbance, congenital or acquired in infancy, characterized by mental hebetude, with a moral tendency to immoral actions.

Krafft Ebing (*Lehrbusch der Psychictrie*, 1879) puts moral insanity among the states of psychical degenerations, either congenital or acquired during life, through some injuries done to the brain. As it leaves untouched the normal course of preceptions, as the formation of intellectual judgment in relation to good and bad is not affected, logical conclusions can be reached, which blind the layman to the defect of moral judgment and ethical feelings, as long as no criminal action has made its appearance.

Schæle truly calls it "ethical color-blindness," and to one thus affected civilization and freedom under the law, appears only as an inhibitory barrier for his egotistic desires and feelings and thus easily over-reaching on the rights of others. Congenital cases show far greater activity of perverse tendencies, are far more automatic, impulsive, whereas in acquired cases the immoral tendencies are more easily produced by external influ-

ences, (passion, anger,emotions) and in their action they are not so excessively impulsive as we find it in hereditary cases.

If the defence of the assassin should be based on moral insanity, the proof of it must be brought by the defence, for the prosecution can never allow moral brutality to stand for moral insanity. Anger and passion, deferred hopes and spoiled ambition are not excuses to allow momentarily a dethronement of the mental faculties, and where twelve good and true men found this felon guilty of willful and brutal murder, they acted conscientiously and according to the sacred oath by which they pledged themselves to God and to the American nation.

Another loop-hole which might be claimed by the defence, is that the inculpate acted through an irresistable impulse, which forced him to do an illegal action against his own free will. He knew and fully understood the criminality of the act, he weighed well the consequences of this act and the punishment which will follow it, but he was then for weeks beside himself, and he cannot be held responsible for an act which he, in his former self would have loathed as a good and faithful citizen. Let us enquire a little more about such irresistable impulses.

A physician of high standing labors for several years from the impulse to kill his wife or children, as soon as he sees a carving knife, and for that very reason he simulated a pain in his arms and begged his wife to attend to those duties at the table. At no other time, as in driving them out, this horrible idea crowds upon him, and so far he had will-power enough to overcome the impulse.

A lady of high culture, young and amiable, labors under the impulse to kill her father, whom she worships and whom she hates at the same time, on account of this impulse. She is perfectly rational about it and begged her parents to send her from home on account of this insane idea. She even tried to commit suicide to escape the disgrace which she would bring on an honored and honorable family, and so far she shows will-power enough to prevent her from doing what she knows to be crimnal before God and man.

Irresistable ! there is the rub ! a man who had twice the will-power to resist his damnable impulse, shows thereby that he must be considered responsible for his deed when he fails to put this will-power into action at the third temptation. Impulsive insanity as disputed now-a-days only by few alienists, cannot be denied, but as in the two cases cited above, the person verging towards insanity, standing, as it were, on the very borderland of insanity, acknowledges that there is no cause for this insane delusion and tries to restrain himself, and even enters by his own free-will the asylum, desires to remain there voluntarily, for his freedom would only be used to commit a crime which he abhors.

No such feeling can be claimed for Guiteau. The plan was deeply laid and carried out with devilish cunning. Politics may lead to insanity, and it is a wonder that it is not more frequently the case, and if the laws of the land were such that in doubtful cases the insane criminal could be confined for life in an insane asylum, or that when insanity is pleaded as rendering the accused irresponsible, such a person for the sake of observation could be placed in an asylum, from which, after a few years detention, if

declared sane, the trial could go on to its issue, or, if declared insane and irresponsible, he could be refrained from further mischief by becoming the life-long inmate of the asylum, then the jury would have nothing to do with this intricate medico-legal question and the defence, knowing the result before-hand would hesitate to bring on the excuse of insanity, with whatever name you might clothe it. To do justice to the accused, as well as to the sovereignity of the people, a change in our criminal code is of paramount necessity.

Allow me to cite a case to show you how our French *confreres* treat such a case (*Canoles d'hygiene publique*, Dec., 1881, page 484.)

Felix Lemaitre was born fifteen years ago, from an excessively hysterical mother, whom he loved with great tenderness; his grandfather died in a lunatic asylum.

He never showed any somatic deformity, has always been somatically and physically perfectly well, but never was a good scholar, and left school in his twelfth year. Yellow literature he doted upon. Feb. 15, 1881, he was apprenticed to a business and behaved to general satisfaction, till he stole a hundred francs, ran away and went on a spree for ten days.

Lemaitre then narrated how, walking about the boulevard, he saw visions, everything appeared in red colors, felt roaring in ears, dryness of throat. His speech failed him and suddenly the impulse arose: you must kill somebody. He runs home to get rid of the thought, but in vain, puts the open knife in his drawer and runs away to entice a little strange boy of six years to his house.

He puts him on the bed, takes his clothing off, covers his eyes with his left hand and with his right hand stabs him twice in the abdomen and then cuts his throat; about midnight he delivers himself up to the police, being too sleepy to keep longer awake.

Legrand du Saule will not accept the plea, mania epileptica, as the accused tried for some time to drive away the criminal impulse. The preparations for the murder are carefully made. He knew what he was doing, and, unrelieved by the act he flies like any murderer. He may be held as responsible, but the hereditary taint, his youth and the unusuality of the crime may be taken as mitigating points. The jury found him guilty and the judge *condemned him to twenty years' imprisonment.*

Granting to Guiteau even the plea of "moral insanity," we see that he could be considered responsible for his foul murder, and all that his lawyers ought to have claimed should have been mitigation of the punishment, but even here we must yet consider the words of a Winslow, (N. Y. Med. Times, Feb., 1882) where he says: "On the examination of persons suspected of insanity, it is very essential in forming an opinion of the criminal as well as the civil responsibility of any case of alleged insanity, that we should make a just and scientific distinction between the actions of a naturally eccentric, ill regulated, perverse and wicked mind and the mental disturbance, perverseness, caprice, vice, extravagance of conduct, ungovernable passion, sullenness of disposition and melancholia consequent upon physical disease of the sensorium, or organs in close pathological relations with it, implicating the healthy action of thought. There is a normal and natural eccentricity, a healthy mental idiosyncrasy, caprice

and feeling, distorted and perverted affection, disposition to acts of cruelty, vice, brutality, existing independently of that irregularity, and disturbance in the operation of the intellect, those perversions of the affections and madness of conduct, the clear, unmistakable, undoubted consequence of a diseased mind.

It should never be forgotten that there is always floating upon the surface of society a large body of strange, wayward, intemperate, eccentric persons, criminally and viciously disposed, subject to every bad passion, impulsive in all their movements, addicted to habits of debauchery, who lead a kind of animal life.

A year or so ago we had the pleasure to read before you a short article: "Lunatic Asylum or State Prison," and the same question we put again before you, especially for those who make mental diseases their special study.

We are only standing at the threshold of these studies and the intricacies of the mind are still undeveloped.

How far preferable is the French law, which gives to the criminal the benefit of the doubt, not to let him go scot-free, but, understanding partial responsibility, it mitigates the punishment from capital punishment to imprisonment for a long term of years, if not for life.

XXXI.

Sub-Acute Mania.

By C. Spencer Kinney, M. D.

Sub-acute mania is an interesting form of mental disease. Whether it has not been so considered we are unable to state, but the fact that little has been written upon it—at least under this name—would lead one unacquainted with it to the conclusion that the disease was unimportant in its character. In looking over the reports of various institutions for the insane, we find that in some, the disease is given prominence, and that in others, so called monomanias and moral insanities take its place.

The term sub-acute mania is free, we believe, from many of the objections to be found in the terms monomania, and forms of moral insanity.

As is indicated by the name, the disease is a form of mania, characterized by a less degree of continued violence than is commonly manifested by patients suffering with acute mania, and differing from chronic mania, in regard to the intervals, irregular in their length when the delusions are apparently controlled, and the patient conducts himself with propriety. Then again, the chances for recovery are better in this form than in chronic mania.

To the physician not familiar with the nature of the excitement that the patient has previously manifested in his attacks, days and even weeks may elapse before an opportunity is given for the physician to judge for himself of their character.

As to causes, anything that tends to the development of any latent predisposition towards insanity that the patient may possess, is sufficient for the causation.

Among the causes assigned to 55 of the cases that have been received at this institution, we have the following: unknown, 23; predisposition and heredity, 20; debauchery, 10; overwork and worry, 2.

In respect to education, they were: collegiate, 3; academic, 12; common school, 32; able to read and write, 3; no education, 5. The sexes were evenly represented—males, 28; females, 27.

The symptoms of this disease are peculiar, and possess so subtile a character, that the patience and anxiety that is demanded in the treatment, offer little inducement to the physician to assume its care.

It is with sub-acute mania, that we tread upon and over the border-line of insanity.

Fanciful names have been given by alienists to forms that properly come under this form of mania. While, at times, during a course of insanity, a single faculty, or a class of them, may work in excess of the others, yet we do not deem it expedient to multiply names to denote the character of thought in which the patient may temporarily indulge.

In this form, as in other mental diseases, we find a departure from the individual's normal style of thought and action.

This is not simply an exaggeration, but a change in the nature of the individual, and at the first may be characterized by an unreasonableness regarding simple affairs of life.

Generally the moods of the patient become variable. Depression and exaltation alternate, and the qualities of mind belonging to each phase of these mental states come out as strong, as if they only were natural to the individual.

Common affairs that previously have given him no cause for complaint, are now viewed by him with suspicion, and if he imagines, as is frequently the case, that his acquaintances are not loyal to his interests, he will threaten them with personal violence, although his efforts do not evince a boldness, but are consistent with that of cowardice. While persistent and treacherous, the average case of sub-acute mania will guard and restrain his acts so long as he has a dread of personal discomfort.

The object of his antipathy may be those who have had no dealings with him—but are to his mind implicated, through his delusions and hallucinations, and these as a rule refer to persecutions of some variety or another.

In the course of the disease the patient may suffer with erotomania, or with an increase of sexual desire, at which time any available means for gratifying their passion will be attempted. This, together, with an attack of any acute disease, will be sufficient to arouse all the latent symptoms that the patient may possess.

When these delusions commence to be shown, there is in the majority of instances a struggle, as it were, between two forces—sinking below the normal standard of healthy vigor, the physical symptoms begin to manifest themselves, and we are able for a short period to view a person who can be almost persuaded that he is in error, but who is powerless to entertain that opinion for any length of time. After his reason ceases to exert

a control over his imagination, we are confronted with his long concealed delusions, and to recitals of commands, etc., that he has received, in various impossible ways, from people long dead, distant, as well as those near by.

The fluctuations of these morbid workings of the mind coincide with the general physical condition, and that is usually one of anæmia.

The sleep is not uniform, and as a general thing it is much less than has been previously taken.

The appetite in most of the cases that have come under our notice, has been increased at times so that it was ravenous. There appeared to be no craving for food of a particular kind, but bulk rather than quality appeared to be the object sought.

Regarding prognosis, the disease is one of the most uncertain in its termination that we have to consider. Some cases, will, under the influence of new associations, progress steadily toward recovery, while others, for no apparent reason, will relapse for a time into attacks of acute dementia, maniacal fury, or melancholia, from which they may emerge and manifest none of the delusions they had previously entertained. Others may assume a chronic form of some mental disease, and so become hopeless.

Previous history, the nature of the attack, as well as the character of the individual has to be well considered before a prognosis can be given.

The treatment consists of two kinds, moral and medical.

Owing to the amount of control that the patient is able to exert over his speech and actions, and yet harbor his delusions, a most rigid and straightforward course must be pursued by all who have intercourse with him. By this means he will be aided to grow in confidence of those about him, by contrasting his own morbid fancy with the common sense shown by his associates. In this way he may be enabled to gain a healthy sentiment, and, by continuing in it for a time, cease to entertain his delusions.

Regarding the drugs that will be found useful, the most prominent are: Ars., Bell., Camph., Cinchona, Clematis, Con., Cim., Dig., Gels., Hyos., Ign., Kali Iod., Lach., Merc., Nux., Puls., Silicia, Stram., Ver. v.,—but as each case has to be carefully individualized, it would be futile to extend the list.

The following history, taken from our case book, presents a good view of the ups and downs that this class of patients go through before they reach recovery:

CASES.

Case 969, admitted May 20, 1881. Male, æt. 30, single; occupation, reporter; mother insane. Duration of present attack, one week (?); homicidal. Physical condition, on entering, fair; weight, 128; had syphilis six years ago.

Medical certificate states: "He has of late been very much changed in his conduct, and acting in a demented way. He broke glass and furniture. At times he is violent. He refuses to give any answers to questions respecting his conduct. He imagines himself persecuted."

On admission he had no complaints, talked pleasantly, laughed easily; inclined to be flattering in conversation. P. 90, dichrotic; tongue clear,

pupils somewhat dilated. Dig. 3–2h. May 24th, mind appears weak; acts in a foolish and undecided manner. His actions resemble those of a masturbator. May 26th, somewhat depressed in spirits, but says that he feels well, and that nothing is the matter with him. On the 31st, is suspicious and exacting in his manner. Hands cool and moist. Very affected in manner. Will not look at the person to whom he speaks.

June 5th. Is unstable in his disposition; sleeping poorly; appetite ravenous.

9th. Suspicious; imagines that the doctors are trying to poison him. Did not rest well last night. Headache, located in back of head. Pupils normal. P. 84.

11th. Very pleasant in manner. No complaints.

14th. Face pale, sallow. Manner constrained. Is suspicious of everything—medicine, food and associates. Thinks that the doctor has some design on him.

15th. Suspicions increasing; says that the doctor put some powerful drug in the oatmeal before it was sent up for breakfast, but that the doctor cannot deceive him. Restless in manner; face flushed; forgets easily. In the afternoon he became more restless, and, threatening to do harm, was removed to another ward.

16th. Refused to get up. Did not eat his breakfast. Would not speak to the doctor when he came around. Ate his dinner, but was moody the remainder of the day.

17th. Face pale, manner constrained; homicidal in speech. In the evening was seen by the State Commissioner in lunacy, and during most of the time the patient talked reasonably, but gave expressions to some of his delusions regarding poison.

18th. Very excited in manner, and inclined to be demonstrative. Does not appear able to remember or comprehend what has been told him. So suspicious that he distorts everything.

20th. Pleasant. Reading. Has no complaints.

25th. Attendant states that, during last evening, patient was noisy and acting in a foolish, irrational way.

July 2d. Told the doctor, in a pleasant way, of how people where he had boarded before coming to the asylum, had attempted to mesmerize him, and what he had done to free himself from their annoyance.

4th. Irritable. Would not remain in room when doctor called upon him; says that the doctor has lied to him; will not say as to what; threatens to kill him. Repeats, as truth, his own false impressions.

5th. Very pleasant in manner and looking better.

11th. Suspicious. Refused to shake hands.

13th. Very pleasant. Appears natural. Talks well, and apparently entertains no delusions.

18th. Is beginning to be unreasonable and suspicious. Will not speak with the doctor.

22d. Sullen. Depressed. Looking badly.

26th. Attended the dance, and became excited, sexually, on his return, and acted in a silly as well as disgusting manner. Attempted the practice of sodomy on his roommates.

27th. Sullen. Indisposed to say anything.

28th. Talking rapidly and in a senseless manner.

29th. Slept but little during the night, but got up, dressed, and ate his breakfast as usual. At 10:15 A. M. everying about room in confusion; books, papers and clothes scattered over the floor; bed pulled out in center of room, as he said "so as to get more air." P. 84. Talking in a foolish manner; laughing to himself. At noon was summoned by attendant to witness his actions, and found patient with only his shirt on, twisting a sheet about the head of his bed, as he said "so as to get rid of this electricity." Would not look up on being addressed. Had two beds tied together, and the head of one tied to the transom over room door by a mass of twisted string which he called a "line." 12:30 P. M., was removed to another room, when he turned his bed upside down, and threw the bed clothes about the floor. Had put his pants and vest on, but kept his pants unbuttoned and his shirt out. During this time he acted in a silly, good-natured style and was not violent any of the time.

30th. As patient had repeatedly written to the State Commissioner in lunacy that his presence was required, that gentleman again called upon him. Patient, however, told him that he had no complaints to make against the officers of the institution, or of the treatment that he had received at their hands. Gave the Commissioner, in full, his delusions, as well as the threats he had made. In the evening, after he had taken a bath, he deficated in his soiled clothes and rolled them into a bundle. In dressing, he put his clothes on inside out.

31st. Made an unprovoked attack on the doctor, and was put in jacket for an hour. Face and neck flushed. Stram. 1–2h.

August 1st. Sullen. Full of power to influence others through mesmerism.

3d. Had neuralgia at 1 P. M., and knocked out seven window panes and slightly cut the back of his right hand. Said that the left side of his face pained. Low spirited. Ign. 1–h.

5th. Quiet, but sullen. Does not talk much.

14th. Full of ideas relating to mesmerism. Had a headache in the evening; sharp, throbbing pain. Very nervous and restless. Bell. 1–2h.

15th. Quiet; headache gone. Pleasant.

19th. During the night slept but little, and was noisy, obscene and destructive. Says that he is working the thing up according to mesmerism.

September 6th. Has been comparatively quiet, but this morning became angry at an attendant and struck him twice in the face. Wants to kill everyone connected with the institution.

18th. Spends most of the time in reading. Is pleasant; goes walking daily.

February 11th. Is apparently doing well, and has gained in appearance and in weight. He now weighs 150 pounds.

14th. Talks frankly, and with ease. Says that he has been treated with more consideration than he deserved, and reviews the past calmly.

18th. Removed from the third to the first floor. Talks well. In good condition physically. Quiet in manner. No delusion.

22d. Improving. Wanting to go home.

November 6th. Doing well. No complaints.

14th. No complaints. Talking well on all subjects.

November 19th, 1881. Discharged, recovered.

XXXII.

Insomnia.

BY J. MARTINE KERSHAW, M. D., ST LOUIS.

History and Symptoms.—Sleeplessness is a symptom of disease. It is usually observed in connection with diseases dependent upon cerebral irritation, and which have a distinctive name and character, but it sometimes stands, or appears to stand alone. It is also one of the marked symptoms of acute fevers.

Sleeplessness means cerebral irritation, and is usually due to an excess of blood in the vessels of the brain. I think it can scarcely be questioned at this time that during sleep the quanity of blood in the brain is much less than when the subject is awake. Excitement and great mental activity increases the quantity of blood in the cranial cavity. Inability to sleep also means, as a rule, exhaustion. Exhaustion comes first and then irritability; and so it is, that the subject of this trouble, who has thought vigorously all day, continues to think during the night also. The speculo mental activity which induces insomnia is like the nervousness of some other affections, such, for instance as hysteria. The hysterical women walks rapidly, thinks quickly, and is thrown into convulsions, not because she is strong, but because she is weak.

Causes.—Apart from what has already been said upon this subject, it may be observed, that excessive or continuous use of the mental faculties, and but very little active physical exercise is a common cause of hyperæmia of the brain, and as a result—sleeplessness. Excessive use of an organ usually determines and increases the supply of blood to the parts; and so we find the subject of insomnia usually has a hot head and cold feet. Intemperance is a cause. Great mental anxiety; grief; the wear and tear of bearing children quickly, and the subsequent care and nursing of them—all these, especially when associated with leucorrhœa, loss of blood, uterine and other irritations, may induce insomnia. Speculation, and the concentration of thought in one direction, with in-door confinement is a common cause of this trouble. The man who has put up his home, and his every dollar upon the rise and fall of wheat, is not likely to sleep well; and we may depend upon it, that the suicide, or sudden insanity of the prominent gambler in stocks, was preceeded by weeks and perhaps months, of nightly tossing about, in the vain endeavor to rest and forget.

Prognosis.—If the subject inherits a poor constitution, is badly nourished, and comes of a nervous family, the chances are against him. If intemperate, or if some family trouble, or other cause of mental anxiety is at the bottom of the difficulty, the prognosis is certainly not good.

The inheritance of a strong constitution, freedom from marked nervous difficulties, and the possibility of removing the exciting cause, will render the case favorable.

Treatment.—First, remove the cause. Establish a balance between the mind and the body, by suitable physical exercise—driving, horse-back riding, or walking. A displaced uterus and a weak back, will prevent

some women from walking. A trouble of this kind should be treated at once, because it alone will irritate and keep the woman wakeful; and besides physical exercise, fresh air and sunlight are absolutely necessary as aids in the treatment of bad cases. Removal from home is necessary in some cases where family trouble or care of some kind is keeping up the difficulty. Good nourishment is of the greatest importance. Beef-steak, fish, gruel and eggs should be given; wine, whiskey, brandy, and the various preparations of milk should be administered when it is necessary to force the physical condition of the patient. Electricity is also helpful. Of the remedies to be used in the treatment of this trouble I shall name but a few.

Aconite.—This drug is indicated in cases where the subject is hysterical, apprehensive, sees visions, suffers from palpitation of the heart, faintings, and where nervousness and tingling of the body and extremities are marked symptoms.

Chamomilla.—Irritable, nervous, exhausted women, sufferers from neuraliga—supra-orbital (left side). The patient walks rapidly, because she suffers pain or is irritable. The more she suffers, the severer the exercise. A Chamomilla patient is cross and irritable, and *always walks when feeling badly.*

China.—To be given when sleeplessness follows acute disease; in other words, the patient gets well of an acute affection of some kind, and the sleeplessness is left; Sleeplessness following exhaustion from flooding, leucorrhœa, or long continued nursing.

Ignatia.—Sleeplessness following or associated with grief. The patient is quiet, uncomplaining, sighs frequently, and is usually tearless. Have cured some persistent cases with this remedy. Most cases calling for it are hysterical.

Nux Vomica.—To be administered to cases that have taken a great deal of stimulants, been drugged a good deal, and are habitually constipated. Frontal headache and backache are pretty constant symptoms. Patient awakens about three A. M., and lies awake until getting-up time. Especially applicable to the cases of business men and traders who are greatly confined in-doors.

Tela Araneæ.—I have been very successful with this remedy. Cannot give indications clearly, but have found it useful in subjects of asthma, nervous coughs, and insomnia.

Zinc Sul.—Markedly hysterical subjects where the sleeplessness is fitful—coming and going without apparent cause. From two to three nights she is sleepless, followed by shifting pains but good sleep.

XXXIII.

Who Are the Insane?

BY T. L. BROWN, M. D.

Brain and mind are inseperable. Without brain-organization there can be no manifestation of mind. Upon the physical condition of the brain and its relation to arterial and venous blood, depends every thought-manifestation. A uniform waste and supply of brain substance in atomic and molecular combination, keeping the brain-forms in a normal state, allowing only sane perceptions, correct memory and subjective reflections, so necessary to normal reasonings. Only those persons who have structural changes in the brain-forms of an anæmic or hyperæmic character are insane. Brain disorganization always precedes mental derangement.

When the center of perception is destroyed by any failure in the atomic structure of the white or gray nerve cell, then are the outward manifestations of insanity apparent in the acts and words of the patient. Without correct perceptions there could be no thoughts of forms or motions. Correct subjective thoughts are only the similar objective thoughts recalled and orderly arranged by the reflective function of the brain. All thoughts can only be logical or reasonably declared as motions of brain-tissue in certain local centres; very likely the last motion of the most perfect or imperfect nerve cell. The next motion of the more perfect nerve cell would be the sane thought, while a similar motion of an imperfect or softer nerve cell would be an insane thought. As we cannot think of anything but forms and motions of those forms, as making up the brain or its thought manifestations, we are compelled to the opinion that all thoughts are but sane or insane motions of the most perfect or imperfect formed nerve cells. Thoughts may be but atomic or molecular motions of the brain cell structure, produced by objective or subjective relations of forms outside and inside of the brain and bodily forms. With the insane the brain and blood relations are always morbid in their nutritive combinations. The blood supply is always uniform and materially supplied with the elements necessary to repair the wastes of the brain, in all sane persons. The organic elements necessary to produce a healthy brain must be orderly present or insanity is the result. Climate, parentage, education, respiration, digestion, exercise, rest, sleep and all our objective surroundings help to make us sane or insane. In fact no one is insane but those persons who are bodily disorganized, no matter how ignorant or wise they may have been. The whole in body and brain, are sane. The disorganized in form and motion are insane in exact proportion to their degree of disorganization. Truth in thought, and words is the order of sane minds; while lies and falsehood the result of minds diseased.

Correct thought is the evidence of sanity and false declarations the truest sign of insanity. Most of the insane are continually trying to accomplish the impossible, while the sane are actually doing only that which is possible. The insane as often say they are going to do what reason and knowledge as fully dictate cannot be executed. The sane never at-

tempt impossible things. The insane nearly always claim to have received help from the unknown and the indiscribable. Our worst criminals are among this latter class, and are the most dangerous, for they are allowed their liberty the longest among common dupes.

XXXIV.

Elastic Pressure for the Alleviation of Tumors of the Breast.

By W. M. L. Fiske, M. D.

My attention was called to the above subject some three years ago by an article published in the *Lancet*, giving the experience and success in a certain number of cases, with a description of apparatus, consisting of air cushions, shaped to the breast and strapped on to produce a uniform and constant pressure.

The idea was new to me and until I looked up the literature supposed that it was new to the profession. The theory of the plan is certainly good; a neoplasm, like healthy tissue, is dependent upon its blood supply for vitality and growth, and complete anæmia, causes the death of a tumor as it does a patch of "brain substance," it is immaterial *how* you cut off the nutrient supply so long as you do it effectually.

The difficulty is rather in the practical application of this method. The knowledge that we now possess of the mode of growth of cancers gives us at least one important indication. If we have to deal with a neoplasm that grows at the periphery by gradual infiltration of the surrounding tissues, it is plain that, for pressure to be useful, it must be applied around the tumor rather than over it, where, by compressing and obstructing the capillaries, it would cause over-fullness of those at the circumference. It is the periphery of a cancer that is its active part, and we must therefore produce ischæmia *around* and not *in* the tumor. In the application of the treatment this must be obtained by the careful adjustment of elastic pressure either by the cushion or cotton wool, and as the whole success of the plan depends upon the skill with which this is done, too much attention cannot be given to it. We cannot regard pressure as a substitute for removal of a cancer, but, in the frequent cases where this is impracticable or objected to, it appears to be the best substitute at present open to the surgeon.

As stated before, this treatment is not new, as Velpeau, with a hearty and sincere desire, hoping to find in pressure an efficacious treatment, after repeated trial was disappointed, as it simply produced flattening and diminution in size, without complete disappearance; but to me, this much gained, in three cases treated, has stopped the further growth, and left simply an innocuous shrivelled patch which have for two years given no pain or growth.

Velpeau does not seem to have used the appliances invented by Dr. N. Arnott, and described by Dr. Walshe in his work. This appears to be more

effectual, and, as described by Dr. W., removing an existing adhesion, with cessation of pain, disappearance of swelling in lymphatic glands, gradual reduction of bulky mass to small, hard, flat patches, or rounded nodules, which appear to be both locally and generally perfectly innocuous. In connection with the pressure, constitutional treatment should be kept up, and, according to the best authorities, the Iodides in some form can best be relied upon.

In citing cases, it is only necessary for me to give the modification of apparatus as adopted by myself, as the results are the same as previously experienced by others. The first case presented was a school teacher dependent upon her profession for her daily bread, and the necessity for some treatment that would not prevent her teaching; family history bad, mother died from tuberculosis, one aunt on maternal side just dead from cancer, and another dying. Aged 45; maiden, passed climacteric two years. In the left breast, one inch to the left and below the nipple, a hard, painful neoplasm the size of a hen's egg; sharp, lancinating pains, a retracting nipple, and a cachexia prognostic of cancer. The air cushions and straps making a bulky mass to wear while attending school duties, determined me in trying a rubber band. Procuring the sheet rubber, I cut a piece long enough to pass from the back over the affected breast to the sternum and of sufficient width to produce peripheral pressure; slitting the rubber as in a four-tailed bandage and applying the old-fashioned stick diachylon plaster to the rubber surface ends, applying first to back, the two tail ends crossed, then stretching moderately over the breast and sticking the other two ends over the sternum in the same manner. A moderate amount of pressure answers, and the adhesive quality of the diachylon answers the purpose without strapping around the whole chest. This plan is neat, not cumbersome, and the tension can be reapplied or increased by the patient. This case suffices to illustrate the method; the result was, after three months' constant elastic pressure, a small, inert flattened nodule the size of a nickel penny, and, after over two years' elapse of time, no change.

Three cases thus treated have given like results. Four cases now under observation and treatment, promise, in three, to be equally satisfactory. None of these patients have had to lose a single day or hour on account of treatment with the promise to each one that, if the treatment should be a failure, we still had the knife in reserve.

XXXV.

Congenital Dislocation of the Head of the Femur.

BY H. C. FROST, M. D.

In selecting this lesion for consideration, I was prompted by the feeling that it might awaken an interest in a subject which has hitherto received but slight attention, not only from the medical profession in this country, but from that of the countries of the Old World. There can be no question

but that it is as important to recognize it in its earliest form, as it is to recognize cases of traumatic dislocations of extra-uterine life. By congenital dislocations of the hips, I mean all dislocations of the head of the femur taking place during inter-uterine life, and all taking place during the delivery of the child; in other words, all dislocations of the hip joint taking place prior to the termination of the second stage of labor.

In all probability it is a lesion of comparatively rare occurrence, although one eminent surgeon has given it as his opinion that it more frequently occurs than dislocations of extra-uterine life.

Most of our works on general surgery barely mention the subject, while many of them ignore it entirely. Hamilton in his work on Dislocations and Fractures, speaks of having seen but one case. It is to the French surgeons that we are greatly indebted for what is known upon the subject, although an Italian surgeon of this century, was the first to direct attention to it.

At so early a day as the sixteenth century, Paré and Verduc speak of displacements of the bones at the joints, as some times occurring before birth, but they were spoken of in so vague and general a way, that it seems improbable that they had any clear ideas as to the subject. Chaussier who was eminent as a surgeon, some seventy years ago, makes mention of a fœtus in which he found numerous fractures and dislocations, among them a luxation at the hip.

But to Paletta, an Italian surgeon, is due the credit of having been the first to describe thoroughly congenital dislocation of the hip. He not only gave a clinical description of several cases which had come under his notice, but also gave a pathological picture as he found it portrayed in several cases which he had the opportunity of examining after death. During the year 1826, Dupuytren of Paris, read before the French Academy of Science, an essay, entitled, "a memoir on original or congenital displacement of the head of the femur." This paper attracted wide-spread attention from French surgeons. But throughout the entire course of this essay, the author did not so much as to refer to the distinguished Italian surgeon, to whom the credit and honor was due, of having first discovered the lesion.

Since Dupuytren, the subject has been studied and written upon by Breschet, Sedillot, Pravas, and more especially by Guérin. And within a few years there has occasionaily appeared a report of a case by some London surgeons. Among our own countrymen, Carnochan of New York, is the only surgeon, so far as I can ascertain, who has paid any especial attention to the subject.

As to the cause or causes of this condition, there have been nearly as many theories as there have been observers. Some have considered it due to an arrest of development in the embryo; others that it can be attributed to the rough handling of the fœtus by the accoucheur, or to blows received upon the abdomen of the mother during pregnancy, or to the contractions of the womb and abdominal muscles when the limbs of the fœtus lie in abnormal positions, especially when there is an absence of the liquor amnii. Another theory is that they are the result of relaxations of muscular and ligamentous structures surrounding the joint. Still another theory was that it arose from the relaxation and elongation of the liga-

ments of the joint from an effusion into the cavity of the articulation while the fœtus was in utero.

Dupuytren speaks of five members of one family who were afflicted with this deformity, which would go to prove that the disease was hereditary in that family at least.

It more frequently occurs among females. Dupuytren said that nearly all the individuals affected with this luxation are of the female sex. Others have put the proportion as three is to one. Of the three cases that have come under my notice, two were females.

It is a recognized fact that the femur is always dislocated upon the dorsum of the ilium, except in some cases of fœtal monstrosities.

The pathological conditions found in cases which have been dissected, varied according to the age of the specimens. Unfortunately most of these have been those of middle or advanced age. Of course the younger the subject the less the parts depart from that of the normal. In the young the capsular ligament is found intact, but stretched, so as to allow the head of the femur to pass beyond the rim of the acetabulum; the cartilaginous surfaces of the parts are little if any changed. But as age advances, the acetabulum becomes less defined, the cartilage degenerates and softens or becomes absorbed, the cavity is filled and finally obliterated. The head and neck of femur atrophy till hardly a resemblance to its former shape remains. In some cases there has been found a new acetabulum, situated high up on the dorsum of the ilium, where the femur has formed with it a pseudo-articulation. The muscles gradually shorten, and if the affection be unilateral, the spine sooner or later becomes permanently flexed laterally.

In describing the symptoms of this peculiar affection, I will give those that were observed by me in three different cases. The symptoms increase in severity with advancing years. They are less pronounced, of course, in the babe, and it is at this time that they should be detected, for in my opinion it is only in the very young that the deformity can be remedied, and the younger the patient, the better the chances of cure, other things being equal.

The first case I saw was in June, 1877. The patient who lived near Toronto, was brought to me by his uncle, with whom he was visiting in Buffalo. The patient was 18 years of age, Canadian by birth, of Irish parentage. Head large, bones of trunk and limbs small, muscles illy developed. He had always been in delicate health, but had never suffered any severe sickness. His parents had told him that he had been deformed since childhood, and he had always supposed it to be the result of rickets. He could not walk any great distance at one time as he soon got tired about the hips and back, although walking gave him no acute pain. With some difficulty I persuaded him to strip naked. As he stood facing me, what struck me as most peculiar, was the apparent disproportionate length of his arms, which, when placed to his side with fingers extended, reached to a plane nearly on a level with the upper border of the patellæ. When he walked, his toes were turned forwards and his body wabbled from side to side. When he raised one leg to take a step, he inclined the trunk to the opposite side, as if he were trying to raise a weight attached to the foot he was putting forward. The trochanters were placed much

higher than normal, very prominent, and closer to each other; the tuber-ischii were very protuberant. The abdomen was thrown forward, the back forming a right angle with the upper surface of the buttock. When lying supine, the curve in lumbar region was comparatively slight, and the limbs could be extended to nearly their normal length, but on removing the extending power, they would partially return upwards. This was an incurable case of double congenital dislocation of the hip.

Cases 2 and 3 were very similar to each other. Both were females. Case 2, I first saw Sept. 18th, 1879, she was then twenty months old, healthy and bright. She was born in a natural labor. Her mother stated that she never attempted to creep, and not till six weeks before I saw her did she commence to walk. They had noticed a peculiarity in the child's gait from the first, but thought it due to weakness of the limb. I found that when she stood erect, she threw her weight on to the right foot, seemingly to favor the left. When she walked, which she did without suffering pain, she threw her whole body on the lame leg, turning the foot slightly out and supporting the weight as in spay foot. On laying her supine there was evident shortening of at least one half an inch, which existed between the knee and trunk. The two limbs were equally developed. The folds at nates and in inguinal region did not correspond with those of the opposite side; the hip was flatter on affected side, and the trochanter higher and nearer to the crest of the ilium. On making an extension, these symptoms all disappeared, and the limb became of the same length as its fellow, but on removing extension, flew up again.

Case 3, I first saw in February 1881, after she had been walking but a week. The parents had noticed some slight lameness. Two prominent physicians had seen the child, but thought the lameness due to a fall, and that it would pass away in a few days. At my first visit, I had my suspicions aroused as to the real nature of the trouble, but the child was so plump and the symptoms so slight, that I left with the promise of calling again within a week or two. On my second visit I had no trouble in forming my diagnosis; the shortening had increased to more than a half inch, and with it brought into prominence the other symptoms.

In both cases 2 and 3, I applied extension by adhesive straps and weight, and at the end of 17 weeks in case 2, and 13 weeks in case 3, was satisfied that the contraction of the muscles had been overcome, so that there was no inclination to displacement when the child was sitting or lying down. In case 2, I then applied a strong hip belt, made of leather firmly padded, which I required her to wear about six months, and then allowed her to walk with a push cart, on the sides of which were crutches to support the bulk of the weight of the body. Last January I allowed her to walk a few minutes each day without any apparatus except the belt; and now August, 1881, I hear that she walks altogether without instruments of any description, and that there is hardly any appreciable lameness.

In case 3, there has not enough time elapsed to form any opinion as to the result, other than we satisfactorially overcame the shortening of the contracted muscles. With this latter case, I have had more to contend with. The little patient did not bear confinement so well as case 2, and

then during the summer, she has been troubled with teething and dysentery.

I would say here that the labors at which these children were born, were both natural, no force, manual or instrumental having been used in either case.

In conclusion I think I am warranted in urging upon those under whose care such cases fall, an effort to remedy the deformity, which in many cases I think amenable to a prompt and thorough treatment. It will be tedious at the best, both to the surgeon and to the parents, and to the latter will seem heroic.

XXXVI.

The Relation Between Blood Poisoning and the Suppurative Process.

BY H. I. OSTROM, M. D.

Notwithstanding much patient and earnest investigation in the department of pathology, it must be confessed that the present knowledge of it is not satisfactory, or wide enough to embrace every case that comes under the observation of the physician. We will deal with the visible phenomena, with that which can be seen and touched, but every one who would penetrate to the origin of disease, must feel that there is something beyond this which has eluded his senses, some force which he only knows by its operation. We have not yet reached the limit of rational pathology, but until this is attained we cannot expect to become learned in the more subtile forces which rule health as well as disease.

The relation between blood poisoning and the suppurative process, will be considered under three divisions:

1. The nature of blood poison.
2. The nature of pus.
3. The circumstances which lead to and accompany blood poisoning.

1. Septicæmia, ichorrhæmia and pyæmia, belong to that class of diseases which is caused by the introduction into the system of a force generated either within the organism, or gaining access to it from without, which destroys the blood tissue and renders it unfit for nutritive purposes, and at the same time changes the other tissues of the body so that they are no longer able to contain life. Blood poisoning, therefore, presents two aspects, the destruction of the tissue elements of the blood, necessarily involves starvation, for the blood can neither nourish nor convey nourishment, and the alteration of other tissues, to such an extent as to cause their death. Both of these changes are chemical, none the less truly because the cause is not discoverable by present chemical tests. Chemistry has a wider range of application than we would give it. Any substance which changes the recognized constituents of another substance is a chemical agent, and when it is considered that force is behind substance, that substance without force is inert, and capable of exerting

only a mechanical action, chemistry may be carried beyond the region of its present application, and made to account for many phenomena, which are now unexplained. I fear that the nutritive aspect of blood poison is too frequently neglected; it is in fact one of the principal causes of death in long lasting cases. If the strength of the system could be maintained, the other vital changes would be arrested until the poison is eliminated, but the strength being reduced, and the system being obliged to live upon itself, the poison has less resistance, and hence greater activity.

While with reasonable certainty we can say that the septic poison acts chemically, we cannot, with the same assurance, tell the nature of the poison. It is probably that of a ferment, which, being introduced into the blood, there to obtain nourishment, breaks up the blood elements, very much after the manner of the alcoholic ferments; and it is further probable that the new combination, resulting from the breaking down of cellular elements, is a diffusable poison, which passes to all parts of the system, penetrating every cell. The bacteria origin of blood poisoning is strengthened by many circumstances connected with the course of the disease, for it is quite established that if air can be excluded from the body, and those vegetable organisms distroyed which exist in large numbers in the healthy tissues, blood poisoning will not take place to any degree, there may be slight indications of a poisonous action, due probably to the imperfect methods employed to exclude and kill germ life, but this will soon pass away, and the system be freed from the poison. As a further support of the plant origin of septicæmia, ichorrhæmia, and pyæmia, it may be urged that these diseases can not occur when the system is in a healthy state, but if the standard of health is lowered, the entire organism is siezed with a poison, reasonably the action of this bacteria, which before had merely existed in the tissues of the body innoxous, because they had not an appropriate soil to grow in and feed upon. Such a result may follow a severe contusion, in which the skin is not broken, the bacteria being those already in the organism, or in another case there may be no blood poisoning, the balance of health or disease depending upon the power of the organism to throw off the noxious parasite

When the poison gains access to the system from without, the results are the same as when it arises spontaneously, showing a common origin, it matters little how the poison is brought in contact with animal tissues the results are the same, and until the crucible of time shall adduce opposed proof, we are forcibly led to the conclusion that bacteria are the origin of septicæmia and its allied diseases. But when we have carried blood poisoning to a germ origin, we are still far removed from the cause. This is connected with life, and when we know what life is we have penetrated the great mystery.

2. It seems susceptable of proof that pus is only one of many vehicles for conveying and propagating the blood poison elements. For it will be remembered that pus, in itself, can do no harm, other than possibly induce by contact tissue changes, similar to those through which it has passed. The pus cell is a degenerated element, incapable of improvement, but containing no disease giving power. Specific pus differs from this, but is not the specific character, rather carried upon the pus than in it. Pure laudable pus may be considered almost innoxious. It is not until the pus cell be-

comes acted upon by some extraneous force, and hence altered, that it is capable of spreading disease or contaminating the system.

Blood poisoning almost constantly occurs in connection with suppuration, this is because the mechanical circumstances which generally precede and induce septic disease, are of such a nature as to destroy tissue, and hence developes pus, but that pus is an essential element of blood poisoning calls for proof, indeed there is evidence to the contrary, pure pus is one of natures great remedies for repair and when in a fresh state is not rich in readily assimilable nitrogen, and therefore not easily acted upon by vegetable life, hence, while it covers the exposed surface prevents access of deleterious agents. But that pus may be a means of conveying disease, and may become a most fruitful soil for the development and growth of bacteria requires no additional proofs. It is, however, as easy of proof, that pus cannot produce this deleterious effect, unless it is diseased and the cellular degeneration of pus cannot occur while the body remains in health.

Collections of pus remote from the originating point of infection form a marked symptom of blood poisoning, but it is questionable whether the pus, entering the blood at the primary lesion, is conveyed to other parts and there causes a new production similar to the first. That the pus cell does enter the blood, and alter the lymph, is undeniable, but while it may convey poison, as the white blood corpuscles, which they strongly resemble, convey nourishment. At present it is not susceptible of proof that pus alone could spread disease. It will be understood that reference is made to non-specific pus, though should not all pus capable of spreading disease be considered specific? The term is however limited to the pus of syphilis, small-pox and glanders, and as such is here used.

3. The circumstances which lead to and accompany blood poisoning support a belief in the bacteria origin of septic disease and also afford evidence that pus is not an essential element in the spread of the poison through the system.

Septic diseases are of various degrees of violence. The mildest forms are those which follow slight operations, known as surgical fever, but the increase of pulse and temperature which appear a few hours after the operation, present in minature the graver forms of blood poisoning, and can have no other origin than the introduction of a poison into the blood. In these cases suppuration does not enter as a cause, even remotely, of the constitutional disturbance, because the frebrile symptoms arise before suppuration takes place. This surgical fever is of slight importance and rarely requires treatment, unless the subject was much debilitated before operated upon. Another instance of the mild form of septic fever is found in the puerperal state. What other cause can be given for the febrile condition which supervenes upon confinement, then the introduction of some poisonous agent through the uterine vessels. The risk of absorption of septic germs is much increased when the hands of the accouchear convey the contagion, also if extensive lesions have been made in the gental organs, but even if neither of these source of disease exist, there is in every case of labor a sufficient exposure of the vascular system in the separation of the placenta, to serve as a point of infection. Experience has demonstrated that this mild form of puerperal fever is rendered even less severe, and probably in

many cases prevented from becoming serious by early and frequent bathing with some anti-septic fluid. I prefer Boracic acid, but other anti-septics will doubtless prove as efficacious. At the stage of the lying-in period, when this poisoning occurs there is no suppuration, there is no perceptible disorganization of tissue; the lochia is sometimes almost putrid, but this is later and does not generally increase the febrile condition; when symptoms of putridity occur, it signifies that the septic poison is at work, and causing a breaking up of tissues. From such simple cases of blood poisoning, we pass by most gradual steps, to those severe cases, in which the blood is destroyed, in which it is rendered putrid, and thus adds one more source of disease to that which exists in the vegetable organisms, hence in recent but fatal cases, and in prolonged cases the poisoning is not alone the effect of parasitic life, but this by degenerating the nutrative fluid, generates chemical compounds, which add to the tissue destruction. The circumstances which precede the absorption of the septic poison plainly indicate that the noxious agent comes from without the the body when there is an external lesion, for it is known that where granulating and suppurating wounds, prevent any communication between the surface of the wound and the vessels beneath, and that the first indications of blood poisoning are noticed in the condition of the granulations, which from becoming degenerated are made capable of receiving and transporting septic poison. When the septic poison is contained in a fluid, carried from the infecting to the infected body, the case is practically the same as when it gains access to the fluids of the infected system, with perhaps the difference, that in the former instance it is more virulent, because combined with putrid substance, that is a substance which acts chemically to destroy.

Accepting the germ origin of septic poison, the advantages of any system of treatment which destroys these germs and prevents their multiplication is apparent. The anti-septic method of treating wounds, claims, and with justice to be founded upon a truly scientific understanding of the nature of septic diseases, and where there is failure to accomplish all that is claimed for it, the reason may be sought in carelessness in carrying out the detail or an imperfect application of the principles of the method.

XXXVII.

Antiseptic Surgery.

By H. I. Ostrom, M. D.

Each epoch in science is marked by the development of some one theory or theories, which, until that time, were unknown or considered of slight importance by the majority of thinkers. The surgery of to-day will be recognized above all other advances which it may make, as having formulated the doctrine of the septic origin of inflammatory and poisonous diseases. Like other laws, which, though they have been in operation since the circumstances existed which required their guidance, but have not been

known, the laws which control the genesis of septic diseases have been misunderstood, and hence the systems of treatment proposed erroneous, and therefore followed by failure. But repeated failures insure success, and to-day we seem to be near a solution of the question which every surgeon must frequently ask himself: How can the inflammation and blood-poisoning, which so frequently follow an operation, be prevented? for it's not enough that they should be controled. If we limit our treatment to arresting a disease, it must be confessed that the history of the malady is not understood, that pathology is in its infancy, hence true antiseptic surgery is not concerned alone with keeping within certain bounds the influences of septic germs; it is primarily and most importantly related to preventing any action from these organisms, to killing them, or rendering them innocuous and incapable of multiplication. Antiseptic surgery cannot be applied in this sense, until the habitat of septic organisms is understood, for death remains unexplained until the circumstances of life are comprehended.

That septic organisms exist in all organized bodies, living and dead, has been demonstrated by numerous experiments. They are found on the skin, in the blood, in the interior organs of the body in varying numbers. Here they live and pass through a life cycle, which, within certain limits, does not interfere with health; how far their presence undermines the resisting power of the system, and increases a susceptibility to the action of specific zymotic organisms from without, is a question of moment, but to all appearances persons in perfect health may support many microscopic bodies, the presence of which remains unsuspected through a long life. It is probable, however, that the effect of septic organisms is but imperfectly understood, and that many of the so called minor diseases have their origin in the demand for support which these bodies make upon the system.

It must therefore be held that the presence of bacteria is not opposed to health; and still these phenomena are constantly observed. Certain tissue changes are invariably associated with the presence of large numbers of these bodies, and conversly, without these bodies, the changes do not take place. Hence, the conclusion is forced that there is a direct relation between those tissue changes which are detrimental to health and the living bodies found associated with such changes; and from the facts already quoted, there is reason to believe that this relation is one of number, that bacteria exist within the system, or is introduced from without, but that unless they find food they do not multiply, and hence are comparatively harmless, their food being derived from the organism in which they develop. But while bacteria and certain diseases are so intimately associated, it would be beyond present knowledge to assert that one causes the other, or that the former is a necessary part of the latter. Certain phases of disease may depend upon the presence of bacteria, but a disease which in later development shows large numbers of bacteria may, probably does, originate in some cause not concerned with the life of micro-organisms. Bacteria, therefore, must be removed to a concomitant position—must be regarded as added to, rather than as causing a disease.

The application of anticeptic surgery is therefore governed by: 1. The

circumstances which induce such a change in the system as to afford food for bacteria. 2. The conditions which are incompatible with the life of micro-organisms.

Any agent which changes the normal quality of the blood, or in any way impoverishes its corpuscular elements, furnishes food for bacteria. Whether the origin of those changes is in other tissues, or in the blood itself, is not material, for finally the blood and lymph are effected. and hence the susceptibility to disease, because bacteria act through these fluids. A study of the phenomena of inflammation shows that by this process conditions are induced most favorable to the changes which precede septic poisoning; and clinically it is observed that some grade of inflammation constantly precedes and generally accompanies septicæmia. The phenomena of inflammation are briefly those of rapid cell multiplication. At first confined to the white blood corpuscles, cell prolification stops the circulation, and causes an accumulation of rapidly formed cells, whose walls are not sufficiently thick to resist the action of agents, chemical or biological, with which they are brought in contact. This condition is one of super-stimulated cell nucleus, of large accumulations of unformed material; and it is a law of physiology that a tissue cannot remain healthy and be produced more rapidly than the maintenance of the organisms demands. Moreover, this condition of excessive bioplasmic growth furnishes large quantities of food to micro-organisms, for these forms of life feed upon nitrogenized elements, and the unformed cell presents nitrogen in an easily assimilable form. Hence, in inflammation exists our often most potent predisposing causes for the multiplication and growth of bacteria, and as already observed, this prolification cannot continue beyond certain but undetermined limits without producing a poisoning of the blood, and later of the entire system. The nature of this blood poisoning is not determined; in almost every case it is associated with the formation of pus, but this pathological product is not the cause of septic poisoning; it is not, in all cases, even the effect, but exists before the septic germs begin to exert a deleterious action. Pus is a direct product of inflammation, and pus cells resemble in composition, as well as in appearance, the white blood corpuscles, hence their proteine composition is favorable to the nourishment of bacteria; and, while septic diseases may be continued, and probably are, by the presence of pus, there is no reason for believing that bacteria exert more than a secondary action in the development of suppuration. A degree of inflammation always follows any solution of continuity—inflammation to the extent of increasing cell formation sufficiently to form the tissue which shall bring the severed surfaces together. This, however, is a process within the bounds of health. It is an effort towards repair, and if no more cellular multiplication takes place than is sufficient to accomplish this object, bacteria will not develop. Hence, the beginning of antiseptic surgery is to control inflammation—cell multiplication. There is nothing new in this. Surgery, from its earliest days, looked upon inflammation as the cause of many of the evils which followed an operation, but the subject is now deserving of especial attention because of the relation which is believed to exist between inflammation and septic diseases. Much of the cell formation and plastic material which follow an injury, and why should not the same be true whether the wound is

external or intermal, the lesion traumatic or the result of disease, arises from oozing from the raw surfaces. Even after all vessels are secured, the capillaries may dilate and give rise to an oozing which is sufficient to prevent union without the intervention of a clot. In deep cavities, as after ovariotomy, this oozing of fluid and blood, is very difficult if not impossible to prevent, then the accumulation of foreign matter, is in a measure controlled by the use of drainage tubes, but a drainage tube prevents perfect healing, and therefore whenever the accumulation of blood and serum in a wound can be controlled, should not be used. It has been found that a weak solution of Iodine and water will prevent troublesome oozing from raw surfaces, and therefore favor healing without the intervention of an unnecessary quantity of exudation cells. The same preparation will produce a similar effect, if injected into any cavity the result of injury. But the prevention of those conditions which favor the nourishment of bacteria is necessarily confined to the first stages of tissue lesions. When inflammation has set in, with its attendant cell multiplication, the septic poison can only be controlled; then chemical agents, and the circumstances which are opposed to the life of bacteria, are of service.

The great underlying principle of an antiseptic surgery is cleanliness, removing from the system cast off products of combustion. But cleanliness does not necessarily include frequent washing. The practice of frequently syringing and washing wounds with the idea of keeping them free from all discharge, is based upon erroneous principles, because: 1st. Healthy pus is physiological, and seals the wound from external influences, and therefore should not be removed. 2d. Moisture is one of the most favorable conditions for the development of bacteria. When the discharge from wounds is decomposed and there is reason to believe that it is so far degenerated as to aid in poisoning the system both by nourishing bacteria and generating a poison the conditions are such as to modify the treatment, but in such cases the efficacy of substances which kill bacteria, and also prevent cell multiplication, is seen to advantage, and their use does away in a great measure with the necessity of frequently washing the wound. In the reasons already mentioned, dry dressings are the most truly anticeptic. Carbolic acid, so widely used as an anticeptic, does truly kill septic germs, as well as full-grown organisms, but its use is open to the objections that it is difficult of application unless in solution, and that its very irritating properties induce conditions of cell multiplication which its use is directed against. Salicylic acid, Thymol, Boracic acid, and all substances applied in solution are objectionable upon the same ground, that water which is generally the fluid in which they are suspended favors the growth of bacteria. The substances which, above all others, meet the requirements of antiseptic surgery are, *first* and foremost, Iodoform; and *second*, Boracic acid in the form of a powder, or mixed with glycerine, which later is an antiseptic to the extent of absorbing all moisture which there may be in the tissues. With this action of glycerine in view, I have applied a suspension of one-third of Iodoform in two-thirds of glycerine to indolent ulcers with good results, though I cannot say that the preparation posseses any advantage over the dry powder.

Iodoform meets all the requirements of an antiseptic, it destroys bacteria, and allays irritation, it prevents the multiplication of cells, and therefore favors healing. Although it is detected in the urine when used in small quantities, it does not seem to produce any injurious effect upon the kidneys, but rather passes through them without absorption. The principal objection to the use of Iodoform, as a dressing, arises from its very unpleasant odor; this may be in a measure overcome, by adding a few drops of oil of Burgamot, but when the essential oil, which is volatile, evaporates the Iodoform is perceived as plainly as in the unperfumed states.

In necrosis, caries, and in grandular troubles, all of which are especially liable to be followed by septic poisoning. I have obtained most pleasing results from filling the cavity if one exists, with the dry powder, and in the case of suppurating glands, placing a sponge over the opening. This sponge absorbs all discharges, and prevents the necessity of frequently renewing the dressing.

Although not strictly belonging to the subject of antiseptic surgery, I wish to call attention to the very excellent sponge dressing used by Mr. Hardie, of Manchester, England, in the after treatment of amputations. The even pressure exerted by the sponge has a most favorable effect upon the healing powers, and allows of the application of any external medication which may be desired. Antiseptic surgery offers a most brilliant future; possibly the day is not far in advance of the present, when we shall be possessed of a septic vaccine. This would be the most perfect antiseptic, and does not seem to be beyond the range of a probability.

XXXVIII.

Our Pædological Clinic.

By C. M. Conant, M. D.

Mrs. S. desired us to remove an ezcematous eruption from her baby's cheeks. The skin is a reddish brown, or bronze color, and interspersed with numerous seams, reminding one of what is styled "cockle ware." The whole surface (even the seams) is dry and rather hot, and seemed to itch intolerably. After a discouraging failure of seemingly indicated drugs, Viola Tricolor ^{30}, removed the eruption in less than a week. Mr. W. K. desired attention on behalf of an infant three months old, which he feared was ruptured. Careful examination disclosed a translucent elastic swelling of the right half of the scrotum, which was easily pronounced a hydrocele. Rhododendron ^{30} was given twice a day. A week after the father reported the child no better, and we promised to come the next day and paint the scrotum with elastic Colodion. A rush of business however detained us until the third day, when on examining the child, the scrotum was found normal which it still remains.

Mrs. A. is very much worried and disturbed by a colorless, elastic

swelling as large as a robin's egg on the occiput of her new born babe. After an Arnica lotion had been prescribed, and both Arnica and Rhus used internally for about three weeks, we could hardly persuade the parents but that the child was deformed. A few doses of Calcarea Carb.^{30} now caused the absorption of the tumor in about three days time.

While attending Mrs. M., sick with a pelvic cellulitis, we noticed her baby, a weakly, old looking, under sized child, a veritable burlesque of the normal baby. Inquiring the cause, the mother said, "Oh, he's ruptured, you can't do anything for that can you?" "Certainly," we replied "it can be cured." After a great deal of trouble, and many exchanges, a Pomeroy truss was fitted to the child and a dose of Aurum fol ^{200} given every night. At that time the rupture occupied the scrotum, and was larger than any hen's egg we ever saw. In three months the truss was taken off permanently and the hernia has never returned.

R. B. was born after a hard labor. He had chills and fever, as did his mother, when he was a few days old. That was followed by a sharp attack of nephritis, and the child ruptured himself by crying violently and straining to urinate. A right sided direct inguinal, the best truss in the world (a Pomeroy) was fitted to him, and he was given Aur. fol ^{200}, a dose every night. In a little over two months the truss was removed permanently. When the boy was about five months old, he contracted whooping cough, and proved a very obstinate and violent case of that disorder. But in spite of terriffic poroxysms of coughing for several months, the rupture did not return.

XXXIX.

Clinical Notes on the Use of Some of the New Remedies in the Stomach and Bowel Affections of Children.

BY E. M. HALE, M. D.

Having been requested by Dr. C. M Conant, chairman of the Bureau of Pædology, to contribute something relating to the above subject, the following is submitted:

Pilocarpin.—This active principle of Jaborandi posesses singular properties, and profoundly influences the secretory functions of all the glanular tissues of the body. It notably increases the flow of saliva, and the glands of the stomach and intestines. During the early years of infancy these glands are frequently irritated in an abnormal manner. Witness the salivation, (drewling) vomiting of watery mucus, and mucus and watery discharges from the bowels. Taking as a keynote symptom the *immoderate flow of saliva with nausea, vomiting and diarrhœa*, I have for several years used Jaborandi in the dilutions and Pilocarpin in triturations, (6th to 12th) with excellent results. As the salivation decreased, so would the nausea, diarrhœa and prostration.

Euonomin.—This active principle of Euonymus Americans, was found by Rutherford to possess above all other medicines, the power of causing increased flow of bile, without causing to any morbid extent irritation of the intestinal mucous surfaces. Even in massive doses, it rarely purges. In this respect it is the opposite of Podophyllin and Mercury. In infantile diseases we often meet with cases in which the stools are *pale* and *clay-colored*, the complexion is sallow or even jaundiced, the digestion is poor and ingesta is vomited or passes through the bowels before it is perfectly assimilated. At the same time the child does not seem to suffer much pain, and the discharges are not very frequent, or, the child's passages are persistently *green*, mixed with indigested milk or other food. In these conditions I have found no remedy equal to Euonomin, 3x or 6x trit. repeated until the excretions assume a normal color, which will soon occur.

Iridin stands next to Euonomin in importance as a specific hepatic remedy. But in addition, it possesses an important modifying influence on the gastric and intestinal secretions.

Pathogenetically, Iris Versicolor, from which Iridin is taken, causes an intensely acid condition of the gastro-intestinal secretions, with irritation, resulting in diarrhœa, acrid and irritating, with vomiting of acid matter and salivation. It is the acid and acrid character of the secretions which distinguish it from the Pilocarpin. Later in its pathogenetic effects, Iris causes bilious diarrhœa and vomiting, during which the acidity disappears. Iridin is therefore a conjurer of Rheum, and in some respects of Calc. Carb., although the acid secretions of the latter remedies are secondary effects.

When the *acid* symptoms appear primarily in children, Iris 3x, or Iridin 6x, trit. will give as brilliant results in the treatment of gastric and intestinal trouble of children.

Mono-bromide of Camphor.—I know of no remedy more adapted to certain diseases of children, complicated with disturbances of the central nervous system.

The sympathetic nervous system of children is extremely sensitive. Irritations of the stomach and intestines, which in an adult would not extend beyond the part affected, are liable in children to create intense irritation in distant portions of the system, particularly the cerebro-spinal centres. Witness the common occurrence of convulsions, chorea and mental aberrations which occur during gastro-intestinal disorders. In this respect children resemble women and men, in so far as they possess a similarly sensitive nervous system. Camphor is par excellence the remedy for women and children. But the Mono-bromide is far superior in every respect to Camphor alone. Whenever during the course of any infantile disorder, I detect a sympathetic disturbance of the cerebro-spinal centres, I prescribe this remedy with almost unlimited faith in its curative power. I do not mean to imply that I use it in a purely emperical manner. I prescribed it for the symptoms and conditions which I find recorded in the provings of both remedies

In cholera infantum this medicine is one that should never be forgotten or neglected. It corresponds to nearly all the local and reflex phenomena found in that common and dangerous malady. It is my belief that true

cholera infantum is originally a cerebro-spinal disorder, and that the vomiting and diarrhœa are but the explosion of the nerve irritation, just as the diphtheritic membrane is but an explosion of the poisonous irritation of the nerve centres. In my practice I have found that a few doses of the Mono-bromide 1x trit. will often avert cholera infantum, if given at the very outset. Like Camphor or the other Bromides, it seems to be inert when used above the 3x trituration, except in very sensitive organizations. The 6x in a few instances in very young infants has served me well.

During the peculiar epidemic which occurred in Chicago, during the severe winter of 1880 and '81, and which was known as "winter cholera," this medicine was frequently used with the best results. In many cases, however, three other *old* remedies were decidedly called for, and were indispensable. I allude to Gambogia^{3x}, Croton tig.^{6x} and Gratiola^{3x}.

They seemed to correspond to the *germs epidemicus*, and in every case when indicated by the specific symptoms (key-notes) acted magically. Podophyllum 6th and 12th was also often called for by the characteristic symptoms. (See Bell on Diarrhœa.)

Other *new* remedies might be mentioned but the author feels that perhaps he has extended this paper sufficiently.

XL.

Experience With Hydrocephalus.

BY T. C. DUNCAN, M. D.

Mr. President and gentlemen of the New York State Homœopathic Medical Society:—The chairman of your bureau on diseases of children asked me for my experience in the treatment of Hydrocephalus by attenuated remedies. To this request I gladly accede with the hope of eliciting from the distinguished members present, experience to which you will listen with profit.

Hydrocephalus is the normal condition of the fœtal brain, consequently hydrocephalus in a child is retarded or abnormal development. But cerebral development may be arrested or prevented any time before adolescence, consequently hydrocephalus may be acquired, but at any time it is the result of perverted nutrition. Then the problem arises, can we prevent this abnormal development, and restore the functions to their proper condition. When hydrocephalus occurs before birth, it is chiefly due to derangement of the *serum absorbing glands*, the *re-absorbing lymphatics ystem*, or anatomically speaking the deep lymphatic system.

In after-life the acquired variety is due more to the derangement of the superficial re-absorbent glands. Tubercular meningitis, which is really obstruction of the superficial lymphatic glands of the brain is of rare oc-

currence during fœtal life, consequently a practical division has been made in the varieties of hydrocephalus, as to internal and external, or within the ventricles, or without on the surface of the brain.

Congenital or internal hydrocephalus is the form that has received most attention. In many of these cases there is no marked enlargement of the head, in fact many of them show retarded development of the brain. One symptom in connection with these cases has come to me to be very significant and almost pathognomonic, and that is indigestion at night with very marked nasal catarrhal symptoms. These children are usually very sleepless in the night and need a great deal of attention. There is doubtless defect of the vegetative nervous system of the brain, which gives rise to these symptoms.

This restlessness increases the flow of blood to the brain, and as the serum is slowly absorbed, if at all, the ventricles become more and more filled with water.

Spasm of the larynx makes its appearance. The next manifestation is the convulsive stage. The convulsions are frequent, severe and terminated the life of the unfortunate. Sometimes an early symptom is ravenous hunger, a fleshy, bloated look and a separation of the cranial bones, at the sagittal suture. I lost several of these cases before I was able to recognize the significance of these successive symptoms and their grave termination. Since then I have been able to control these early symptoms, and by proper diet and management aborted the further development—at least for a time—of several cases that presented all the early symptoms of those that terminated fatally. I have them under observation and hope to report more light at some future time.

Another symptom that I should recall at this time is bilious vomiting, vomiting of green bile and green stools. If these occur during the first dentition, from the sixth to the eighteenth month, and in early summer they are misleading. The brain manifestation is apt to be overlooked until convulsion and coma have about closed the scene. In fact I believe that many cases reported as dying from teething and cholera infantum are simply this form of hydrocephalus internal. In these cases there is usually profuse lachrymation, or rather an overflow of serum than tears. The constitutional treatment for these cases, as well as the antinatal treatment is well given by Grauvogl. The two remedies are Calcarea Phos. and Argentum Nitricum.

Argentum is by the way a royal remedy in gastric catarrh. A mistake is often made in attempting to arrest the outlying symptoms e.g. nervousness, restlessness, sleeplessness, etc., by such remedies as Chamomilla. One of the most valuable remedies in perpetuating this form of disease, week after week and month after month is soothing-syrup or small doses of Opium. The large mortality in Great Britan from these diseases finds a partial explanation here. Another is overfeeding these children. The mother's milk apparently does not satisfy them, consequently they are fed in addition. They will eat anything and sometimes digest anything, but the diarrhœal tendency is held in check by the opium, and the mother and friends are startled by the sudden and unexpected death of the infant by convulsions.

Mortality from convulsions in England during 1868 was 23,198 deaths,

or one out of every 34 children. In Scotland, during the same year only 312 deaths occurred from convulsions. Overfeeding accounts for this wonderful disparity.

Another form of internal hydrocephalus is manifested by an abnormal development of the head. Not only is there a large amount of water but there is also a large amount of brain. One little fellow, now five years of age, whose head measures 22¾ inches in circumference, has so far been reared with difficulty. Recognizing the catarrhal feature of this form of hydrocephalus, the mother was instructed to feed him regularly and control his craving for more food by sweetened water in small quantities. He grew. By the addition of oil every day his body became quite plump. When cutting his first teeth I feared congestion, coma and death, but the timely administration of Hepar prevented any serious symptoms. In these cases where the brain is so largely developed I prefer the Hepar to the Calc. Phos. The Phos. undoubtedly stimulates cerebral development—at least it has brightened up many an apparently clouded intellect, to my certain knowledge. The mother was duly informed of the condition of the child and the danger to which it was liable namely, cerebral hyperæmia. She was provided with a bottle of Belladonna to arrest this tendency at its first appearance. During one attack of bronchio-pneumonia in the first stage, he had one convulsion. The prompt administration of Belladonna seemed to prevent any more, while the use of Hepar cut short the disease so that the long stage of convalescence with this disease, he escaped. The anterior fontanelle, at three years of age, was still open and the sagittal suture, gaping but the constant use of Hepar has effected wonders in the development of this body, and in retarding the development of the head. During six months the head lessened one-half inch in diameter. With care in diet and in training his body, I expect that child to reach adult life, unless carried off by some other disease. This is but a typical case. I could cite many similar ones, but I do not want to exhaust your time, and will pass rapidly and hurriedly to the consideration of

ACQUIRED OR EXTERNAL HYDROCEPHALUS.

Here I believe the chief cause to be falls, and colds produced by sudden and long continued lowering of the temperature of the body. This is evident when we consider that most of these cases occur during the winter months. I am speaking now of hydrocephalus, acute pachy meningitis and tubercular meningitis. In the former traumatic pachy meningitis, Arnica and Hepar have rescued cases. In the tubercular meningitis, Gelseminum is the first remedy that meets the indications, then followed by Hepar. Suppuration of the tubercular glands is not necessarily fatal, if the re-absorbing glands perform their functions. A child may be sick a long time but may finally recover, if properly managed.

There is another form of acquired hydrocephalus apparent in children overfed, who have no previous hereditary bias to the disease. It is a well known fact that lack of sleep may be made up by extra eating, and in those children who are poor sleepers and good eaters, hydrocephalus acquired can be surely developed, due to the surcharging of the brain with blood. The overtaxed reabsorbing lymphathic system fails to bring the

serum back into the venous current, consequently chronic gastric catarrh can terminate in hydrocephalus, just as gastric catarrh may be a symptom of hydrocephalus.

In the treatment of these classes of cases there is a radical difference. In the first we treat the brain, the centre and origin of the irritation, while in the latter case we treat the stomach and the treatment of the stomach is chiefly dietetic.

The result of the gastric catarrh in the adult is frequently apoplexy. The remedy here is usually Nux Vomica or China, Hydrastis, Kali Bichrom.

This in brief is an outline of my management and success in these various forms of hydrocephalus. Formerly I saw very few cases of this disease, but a careful study of the natural development of the infant body in all of its phenomena, and its diseases in all their various forms, leads me to believe that the cases are numerous, at least hydrocephalus is a multifarious disease that is worthy of more attention than it has yet received. I regret exceedingly that I cannot be with you to glean information from the experience of those present. Some of the remedies have been given in the third, sixth and others in the thirtieth attenuation.

XLI.

The Use of Carbolic Acid in Trachoma.

By Geo. S. Norton, M. D.

Knowing full well how tedious is the course of granular lids, and how unyielding it usually proves to both external and internal medication, it is with pleasure that I add one more remedy to the therapeutics of this form of inflammation. In using the term granular lids I refer to true trachoma or the mixed form of trachomatous and follicular conjunctivitis, and not to simple, uncomplicated cases of follicular inflammation of the conjunctiva. True granular lids are almost invariably associated with persons at some time during the course of the disease.

In the treatment of this affection it has always been a question whether our remedies shall be used locally or internally. The old school rely almost exclusively upon local applications. We, as homœopaths, tend towards the other extreme, internal use of remedies. Following the latter mode of treatment, I endeavored for some three years or more to cure my cases by internal medication alone, and it was faithfully tried in a large hospital clinic, in which this disease especially abounds. In a few cases excellent results were obtained, and a cure effected under internal remedies, although slower is more satisfactory and I think more permanent than where local applications are employed. But the majority of patients, especially as this disease is usually found among the lower classes, cannot be persuaded to continue long under treatment by internal remedies. For some seven years now I have used local applications, together with internal medication in granular lids and pannus, and I must confess that my success has been much more satisfactory to myself and to my patients since pursuing this course.

About one year ago, upon studying the action of Carbolic Acid, I de-

termined to test its value in a few particularly obstinate cases of granular lids then under my care. The following collyrium was made:

℞. Carbolic Acid, gtts. vj, Glycerine, ℥j.

It should be used once every day by everting the lids and applying to their inner surface, with a camel's hair brush. Since which time it has been used in a large number of cases in the N. Y. Ophthalmic Hospital and Homœopathic Hospital on Ward's Island, with very good success. It is especially adapted to old chronic cases, associated with pannus; not as much benefit having been observed from it, at present, in acute trachoma. At the same time it is employed locally, the potencies may be administered internally or any remedy that seems indicated.

It must not be concluded that Carbolic Acid is a specific or that it is advised to the exclusion of all other local applications, for it is only recommended as a remedy of importance and as adapted to certain cases, while we will find Tannic Acid, Alum, Aluminate and Sulphate of Copper, and Argentum Nitricum indicated in other cases.

XLII.

The Aural Speculum.

BY F. PARK LEWIS, M. D.

It might almost appear to be without the province of the specialist to offer suggestions to the general practitioner in the treatment of general diseases, but when these diseases directly involve and indeed often seriously threaten the functions of special organs, remarks concerning the care of these organs may not be deemed impertinent. It is a fact that the range which our symptomology allows us to cover, enables us, in a large proportion of cases to effect radical and permanent cures, independent of our knowledge of the pathological condition which may be present. But it is the experience of the careless diagnostician in all branches of medical practice that humiliating prognostic errors, and courses of unsuccessful treatment might have been far otherwise, had the nature and extent of the disease been more thoroughly investigated. So completely have diseases of the ear been relegated to the specialist, that even in systemic diseases in which this organ is implicated, the symptomology alone serves as the basis of treatment, until the discovery is finally made that irreparable damage has been accomplished. The diseases in which the deeper structures of the ear, far beyond the view of the superficial examiner are involved, this is especially true, and the object of this paper is to urge upon the physician in the discharge of his daily duties the more frequent employment of that invaluable little instrument, the aural speculum.

The object of the speculum, it is perhaps needless for us to say, is simply to form a straight passage through the external aural canal for the passage of the rays of light, and any tube which accomplishes this will enable us to view all accessible parts of the ear. A great variety of specula, some of very complicated designs have been devised, but none are of greater practical value than the simple tube. In cases of emergency this may be improvised of stiff paper, while a piece of looking glass may

answer for the mirror. Upon this principle all of the specula more usually employed are constructed. Gruber's is rather short, the outer end flaring the portion entering the external auditory canal oval. In Knapp's the external parts perhaps more open, the tubular part longer and narrower. Our own Dr. Cooper, of London, employs an instrument something like Knapp's, but having a hinge joint, allowing the tube to open, which is a great convenience in cleansing the speculum, Wilde's, and Troeltsch's are both conical and in all of these there is little choice. They are made of hard rubber, of German and of coin silver. For the local use of caustics, the former are perhaps to be preferred, and for ordinary examinations the latter. As the bone portion of the canal cannot be dilated, the bivalvular instrument of Kramer has long since been discarded by practical aurists. Hassenstein's, in which the reflector and tube are confined in the same instrument is also unsuited for popular use. In examining the ear a concave mirror is used as the reflector, and in my opinion one of short focus is preferable.

Daylight is better than artificial illumination, although in the sick room the latter is often more convenient. The method of examination is, of course, familiar to you. The ear to be examined is turned from the light, which is reflected by the mirror, through the speculum, bringing the whole of the external aural canal, with the outer surface of the drum-head fully in view if no obstacle intervenes. The aural speculum is employed by the profession, I am well aware, in daily practice, but less commonly, I am assured than it deserves in certain acute diseases, and notably in the exanthemata. The congestion of the mucous membrane of the throat in scarlatina is readily extended by way of the eustachian tube to the middle ear and one of the very common sequelæ is otorrhœa, which, if still neglected, may readily become chronic and incurable. The condition of the drum head should be watched through the entire course of the disease, when perforation is imminent, paracentesis should be performed as in any other abscess. The clean edges of the wound made by the knife will heal far more readily than the ragged edges following a rupture. If the condition should then call for it, gentle inflation with the Politzer bag will still further drive out the purulent secretion, which should be carefully dried out with small pledgets of an absorbent cotton. Internal medication must of course be suited to the general condition. In diphtheria and measles frequent examinations of the ears will often enable one to ward off coming trouble in these organs.

In adults too the speculum will often prove a valuable diagnostic aid. The vertigo that may have been deemed cerebral or stomachic may often be traced to hardened ear-wax, and the question may be satisfactorily determined as to the presence or absence of a foreign body in the ear. In the outer canal abscesses may be opened, emollient applications applied to eczematous surfaces and numerous vexed questions solved by the use of the aural speculum. It will of course be seen that these are mere suggestions of its possible employment, as these remarks were intended less to explain an instrument, the use of which is quite well understood, than to urge upon the profession the necessity of its more frequent employment.

XLIII.

Case from Practice. Chronic Suppurative Otitis Media-Caries and Suppuration of the Mastoid, Cerebral Abscess, and Death.

BY N. B. COVERT, M. D

F— S—, scrofulous diathesis, aged 27 years, came to my office Jan. 11th, 1880, complaining of a chronic discharge from right ear, which followed scarlet fever at 12 years of age, and has continued almost constantly for 15 years, although his parents used various remedies of domestic kind, with only temporary relief.

His wife gave me the following statement in regard to his case, from Dec. 28, 1876: "About four weeks after our marriage I commenced syringing Mr. S—ear with milk and chamomile flowers steeped in it. The use of syringe produced the following symptoms: Dizziness with strange feeling in his head. Was often obliged to lie down when his ear was cleansed by use of the syringe, occasionally would faint and face become pale, frequently caused nausea and could seldom eat after having his ear cleansed, no appetite, and was therefore in the habit of using the wash at night. The discharge from his ear had been quite profuse, at times thick pus, at other times more thin and watery and decidedly offensive. In the summer of 1879 he would often complain of pains extending down the neck, and heavy pain in occipital region and over mastoid process. At times the pain would extend down the right arm. Vertigo is often complained of, and have frequently noticed him stagger when rising quickly and would catch hold of anything he could reach. This would pass off very soon and would not complain of it only after using the syringe, or occasionally upon sudden rising from lying posture."

Jan. 11th, 1880. I made a careful examination of the case at my office and found the following: The auditory canal was somewhat inflamed and swollen, the canal partly filled with a thin, offensive pus. Upon removing this with absorbant cotton, I found the membrana pympanum entirely destroyed by the chronic suppuration, and the ossicle or bones gone. The tympanic cavity ulcerated with granulations. Only slight tenderness over the mastoid process, no redness or swelling, complains of pain extending down nape of neck, which affected him when turning the head suddenly and also a pain following the course of the sterno-cleido-mastoid muscle. Has some pain through the right side of the head, and vertigo, which he says troubles him considerable while at his work. He is a clerk in a R. R. office, and often feels confused. Thinks he has taken cold and gives that as a reason why he feels worse than usual. Cannot hear the watch on contact. H. O. Has been under treatment of M. H. P. for a year or more. The discharge turns silver speculum dark green color. ℞. Syringed ear with warm water and used the "Politzer." ℞. Mer. Dul.

Jan. 12th called at office. Symptoms remain about the same. The auditory canal swollen a little more at its inner portion, discharge not profuse. Cleansed ear carefully and continued ℞. Mer. Dul.

Jan. 13—no report.

Jan. 14. Came to the office. Has had more pain in the ear and head, throbbing in character, face flushed, not very much discharge from ear. Temp. 99.5, pulse 90. ℞. Bell. every 2 hours, Mer. 3 times a day.

Jan. 15 was called to see him at his home. Found that he had passed quite a restless night, and was not allowed to go to his work. Examination of ear showed considerable tenderness of auditory canal and an increase in the discharge, pain of a throbbing character through the ear and right side of head. ℞. Syringe with warm water and continued Bell. and Hep. Sulp.

Jan. 16th. He seems more comfortable, the discharge of pus more free, thick and offensive. ℞. Continued same treatment.

Jan. 17. Passed a better night, less pain and feels much better. ℞. Pres. continued.

Jan. 18th. Came to the office; discharge from the ear free and less pain. Used solution of Boracic Acid, syringing ear carefully. "Politzer." ℞. Hep. Sul.

Jan. 19th. He resumed his work at office, and his ear continued discharging quite free. Has some pain in right side of head, and vertigo. The same treatment was continued up to the 25th. His wife cleansing ear with warm water morning and night. Has suffered with night sweats. ℞. Mercurius 1.

Jan. 25th. Came to the office. Thinks he has taken more cold by leaving off seal skin cap, discharge less, seems to have cold in the head, coryza, slight fever. ℞. Acon., Mer., morning and night.

Jan. 26 no report.

Jan. 27. Came to office. Complains of his cold, has some sharp pains through head and ear, discharge has nearly ceased, feverish. ℞. Acon. 1x.

Jan. 28th. Was taken worse during the night, and had quite a severe chill, followed by high fever and very restless. Complains of pain in head and ear, fullness and pressure in right occipital region, vertigo on rising or attempting to walk, discharge not very free, used warm water with syringe, and ordered cotton batting, well heated, applied externally. ℞. Bell., Hep. Sul., morning and night.

Jan. 29th. Visited him at his home. Ear discharging more freely, has suffered considerable pain in the back part of the head and neck, tongue coated with thick, white fur, distress in stomach, no appetite. ℞. Nux., Mer., morning and night.

Jan. 30th. Symptoms remain unchanged, discharge from ear more free and pus heavier. Continued syringing ear with warm water and same treatment.

Jan. 31st. Ear discharging more freely, complains of nausea, with pains in bowels. Discharge peculiar white or chalky and offensive. ℞. Syphi. 2c.

Feb. 1st. Passed a very restless night, severe shooting pains in right side of head, extending to nape of neck and down to shoulder, bowels pain him during the night, and his wife upon her own responsibility gave 2 Blue Pills and Seidlitz powder. Toward morning had free movement of bowels. During the day had severe vomiting spell. ℞. Nux.

Feb. 2d. Worse, unable to leave his room, yet got up in his easy chair and tried to walk from the bed, but was unable to control his step. Started for chair and went in almost opposite direction, head very dizzy, cannot bear the least excitement, very irritable, ear discharging quite free, pain and fullness in right side of head, no appetite, pulse 100, temp. 101. ℞. Bell. and Mer.

Feb. 3d. Passed a restless night and quite feverish, a great deal of pain in back part of head and neck. Cleansed ear with warm solution of Carbolic Acid and kept on the warm cotton. Temp. A. M. 101—Temp. P. M. 102.5, pulse 100. ℞. Bell., Hep. Sul.

Feb. 4th. Ear discharges more freely, yet the pain continues severe, at times sharp, darting pains, then throbbing and heavy pain in occiput, no desire for food, cannot sit up head so dizzy. Cleansed ear as usual. Temp. 101.5, pulse 98 to 110. ℞. The same, with a dose of morphine at night.

Feb. 5th. Only partial relief from the Morphine, and during the night Mrs. S— tried onion poultice and Laudnum. About 3 A. M. had very severe chill, followed by violent fever, stupor and profuse sweat, great prostration, followed by restlessness during the day. Temp. A. M. 103, M. 101, P. M. 102. ℞. Bell. and Mer., and Quinine every 4 hours.

Feb. 6th. Had a very bad night, delirious at times, complained of throbbing through the head and neck, stupor from 2 A. M. until 9 A. M. While cleansing ear removed a piece of bone from tympanic cavity. Had another chill about 1 P. M., followed by fever and sweat. At 5:30 P. M. Dr. Fowler of Rochester, met me in consultation. Examined case carefully. No marked tenderness over the mastoid process, no swelling or external indications to guide in diagnosis. Temp. A. M. 101.5—P. M. 102, pulse 120. ℞. Bell. and Silicia. Occasionally a dose of Quinine, ix.

Feb. 7th. No improvement, pain in head and ear very severe, extending down muscles of the neck, very weak. Gave stimulants and Quinine. Called up at 3 A. M. Had another severe chill which lasted for nearly an hour, followed by high fever and delirium. Temp. 104, pulse 150. Both temp. and pulse were lower during the day.

Feb. 8th. Very bad. Ear discharging freely, restless and delirious, had a slight chill during the day. Kept ear well cleansed. Temp. 102.5, pulse 120. Continue stimulants.

Feb. 9th. The night was one of suffering, pain and throbbing in left ear, fullness and pressure throughout the head. The pain continues in spite of the anodynes given. During the day the pain extended down the spine and back, continued stimulants and also used electricity, which seemed to quiet the severe pain, and gave some rest for a time. Temp. 102, pulse 120.

Feb. 10th. The night was passed more comfortably and seemed more quiet in the morning, but inclined to become stupid. In the afternoon had another severe chill, followed by fever and delirium. Temp. 103, pulse 120. Treatment about the same. Dr. Fowler again visits patient.

Feb. 11th. Had a bad night, pain in head and neck very severe. P. M. had another chill, pain running down the spine, jerking of the muscles,

muttering delirium. While cleansing ear removed another piece of bone, the discharge profuse. Temp. 103, pulse 130.

Feb. 12th. No improvement, complains of such pressure in the head, delirious, found another large piece of bone loose in tympanic cavity, but cannot remove it, seems to obstruct the free exit of pus. Cleansed the ear frequently and continued good sustaining diet, beef tea, milk punch, &c. Temp. 103, pulse 132. ℞. Electricity.

Feb. 13th. In the morning seemed quiet, in the afternoon became delirious and constant talking, picking bed clothes. About two P. M. had another chill, which was followed by paralysis of right side and loss of speech, stupor followed, and contraction of pupils. Temp. 103, pulse 140.

Feb. 14. Remains stupid and continued picking bed clothes, cannot speak, swallows readily any liquids, paralysis continues, pulse 140, temp. 103.5. Upon examining in region of mastoid portion of temporal bone, discovered fluctuation.

I at once made a free incision about one inch long and parallel with the attachment of auricle and quite a large quantity of pus escaped, dark colored and very offensive, after which I examined the condition of the bone. I could easily pass a probe into antrum mastoideum, and our diagnosis was confirmed as to the carious condition of the mastoid cells. After the escape of pus he seemed more quiet and had slight power to move the paralyzed side. He however showed no indication of rallying, but remained quiet and stupid, and about noon Feb. 15th he became comatose and unconscious, and died at 7:20 P. M.

No autopsy was permitted, yet I feel satisfied that the sad termination of this case was due to the neglect of proper treatment of the chronic suppuration of the middle ear, years before, resulting in caries of mastoid, meningitis, cerebral abscess, paralysis and death.

It was not my design to discuss the pathology of this case, but simply report the facts, symptoms and history of the case, giving in brief a history of many who are neglecting themselves to-day, and are coming slowly, but surely to serious, yet unobserved danger. Let us realize that long continued suppuration of the middle ear often leaves a softened and diseased condition of the temporal bone, which favors rapid, carious destruction and premature death.

XLIV.

Treatment of Apparently Hopeless Ear Diseases.

BY HENRY C. HOUGHTON, M. D.

Growth is the principle factor in the prognosis of ear disease, in the reasoning of many practitioners. The patient is either growing out of or growing into a state of hopelessness, hence very many patients fail of the help that modern aural surgery can give, either in youth to supple-

ment nature's efforts at repair, or in advanced age to guard and stimulate the failing power. We may fall short of equity on one extreme by neglect, as truly as by excessive care. Many patients have occasion to blame their parents and early medical attendants, because they did not avail themselves of every agency at hand for the salvation of at least a fair degree of functional activity. That there are hopeless cases all admit and the statement of such fact, by one competent to settle it, may guard the parent or adult patient against imposition.

An unfavorable prognosis is not warranted in the majority of cases of aural diseases occurring in children, and it is reprehensible practice that leaves the young patient to "grow out of it," as is the expression we often hear. That some do recover is true, no thanks to human helpers, that many more would recover, is equally true, if the best advice were available. There are certain cases of children's diseases in which experience teaches us to give an unfavorable prognosis. In otitis interna chronica, secondary to cerebro-spinal meningitis in otitis interna, exudativa when the acute stage has passed, in otitis intenra, secondary to diphtheritis or tubercular meningitis. All diseases giving use to exudative processes along the course of the nerve or at the distribution of its branches are not amenable to treatment, unless such treatment be entered upon before lymph changes occur. In otitis media I can hardly conceive of a case which would not be helped by skillful, studied treatment. The membrana tympani may slough, the ossicula separate, the mucous membrane thicken and suppuration continue for months or even years, yet if the relation between the stapes and the fenestra ovalis be intact, the function may be preserved to an extent that is simply wonderful.

Let us then look to the means which are available in the treatment of the two classes of cases referred to. In deafness of advancing years the failure of function is often secondary to lesions of the middle ear, chronic catarrhal disease, with thickening and rigidity of the mechanism of the tympanum. Any treatment directed to the relief of the middle ear disease, will increase the mobility of the stapes and communicate vibrations to the labyrinthine fluids, thus the filaments of the auditory nerve will be brought into renewed activity. In long standing suppurative disease in adults any means calculated to lessen the suppuration will ward off the danger from necrosis, meningitis, phlebitis, etc., from which a patient is never certainly free, so long as purulent processes continue in the tympanum. The same is true of suppurative, and non-suppurative disease in children, with this happy exception, that nature's effort at limitation of disease is more marked and certain with the latter. The means for relief of these cases have increased year by year, till no department of special practice shows as great advance for the past quarter century, as does aural surgery. The cumbersome and ineffective methods of examination have given place to the examination by reflected light, so that the medical adviser who does not examine every aural patient whom he proposes to treat, is without excuse if he makes palpable errors arising from such neglect. Such occurrences are not infrequent. Only a few days since I had occasion to treat a patient, the integrity of whose membrana tympani was seriously threatened by excessive syringing and manipulation, in an attempt at removal of a foreign body which had never been seen, and

which probably never existed. Politzer's air bag, for inflation of the tympanum is an efficient instrument in professional hands, but open to objections for lay use. It is more safe than eustachian catheter and accomplishes the same ends in most cases. The use of absorbent cotton should be mentioned as a comparatively new means of treatment of suppurative diseases, by drying the entire suppurating surface with tufts of the cotton fixed upon a suitable probe. The parts are cleansed more perfectly than by using the syringe, and better results follow this method. The cotton pellet is coming to be extensively used as a substitute for the rubber disc of Toynbee for an artificial membrana tympani, and has proved far superior to any similar device. Electricity, either as galvanism or faradism, should have more prominence as a means of treatment, as it is invaluable as an aid in diagnosis and prognosis as well. By its application many apparently hopeless cases have been relieved, and not a few cured. Hence my plea for a more earnest effort on the part of our school to use the means to relieve our patients. Any aurist of the dominant school can get results by mechanical means. We cannot claim superiority in their only brilliant domain. Wherein then lies our special advantage? In re-enforcing mechanics by medical science proper, the study and administration of medicinal agents, of which they have little or no knowledge, and concerning which they manifest even less interest.

A few cases that were classed as hopeless are here added to show what can be done in some instances. Doubtless a better knowledge of materia medica would help one to even better results.

Mr. J. W. C., aged 40, 1879, Feb. 3. Had ear trouble as a child, and has been advised that there is no hope in his case. Hears R. $\frac{2}{240}$, L. $\frac{34}{240}$, stop watch, and V. when raised considerably above the ordinary tone of conversation. Canals normal, R. M. T. perforated posterior inferior quadrant and deep rugæ formed anterior and posterior to manubrium. Membrane movable by Siegle's otoscope, L. M. perforated in anterior inferior quadrant, appearance much as the other and fairly mobile. E. T. patent, walls of the pharynx granular, mucous membrane thick, dark red color. Mercurius Protoiodide was given night and morning. Politzer's method of inflation was used and a gentle current of faradism passed through the eustachian tube, by placing one electrode on the tongue and the other in the meatus auditorius externus or at the mouth of the eustachian tube. At first two treatments each week were given, later only one. Mar. 5. Hears Watch $\frac{40}{240}$ R., $\frac{5}{20}$ L., voice much more distinctly.

April 2. Hears very well, watch $\frac{9}{20}$ R., $\frac{10}{20}$ L.

April 30. Hears well enough, R. $\frac{18}{20}$, L. $\frac{18}{20}$. During the last two weeks Baryta Mur. was given for cracking sounds in ear by deglutition.

Case No. 2. Mrs. E. A. W., age 76, Feb. 26, 1880, states that four years ago she had pain in both ears, then dull, time relieves, two years ago same experience from a cold. Since two months very dull of hearing. She does not expect a cure at her time of life, but desires some relief from the stuffed sensation in the ears as well as occasional dizziness. M. E. normal, R. and L.; M. T. dull, thick; E. T. patent. Hears watch R. $\frac{3}{20}$, L. $\frac{5}{20}$, voice only when raised considerably and a single voice, general

question not understood. Salycilate Soda. March 1st, much improved, R. $\frac{6}{20}$, L. $\frac{11}{20}$. Sal. Sod. March 8th, still some dizziness R. $\frac{7}{20}$, L. $\frac{16}{20}$, Sal Sod. March 15th, head clear, hears voice perfectly. This is her own statement, but not true in fact, still the gain is so great, that for all conversation, sermons, etc., she has no trouble.

In Mrs. W's case the galvanic current was used, the positive pole in the hand of opposite side, negative on ganglion of the trifacial nerve.

Case No. 3. Mrs. M. S. L., age 35, June 1, 1881. Had typhoid fever at six years of age, suppuration followed in right ear, healed at ten years of age. During few past years has gradually failed for voice, R. M. E. normal, R. M. T. scarred and opacitas, E. T. dilatable, L. M. E. normal L. M. T. dull, but not thickened, E. T. dilatable. Watch $\frac{26}{240}$ R., $\frac{46}{240}$ L. Galvanic current with tongue spatula then R. $\frac{49}{240}$, L. $\frac{8}{20}$ Kali Chloratum was given twice daily. June 3d, watch, R. $\frac{7}{20}$, L. $\frac{16}{20}$. Galvanism, R. $\frac{10}{20}$, L. $\frac{18}{20}$. As the patient was in the city only temporarily the treatment will be resumed in the autumn. It should be stated that previous to coming to my office the lady had, only a few days before, consulted one of the leading aurists of the old school, (in whom I have the fullest confidence, so far as operative measures are concerned,) and he had pronounced the case utterly hopeless, The fact that the patient responds even feebly to galvanic stimulation leads to the hope of a fair degree of power.

Case No. 4. Mrs. H., age 36, April 6th, 1881. Had syphilis six months ago and premature confinement, complicated by pneumonia, and probable ulceration of the large intestine. Extensive prostration was the result. Tinnitus-aurium set up in both ears and deafness especially for voice. R. and L. M. E. normal. R. and L. M. T. dep. but not specially abnormal. Hears watch R. $\frac{19}{240}$, L. $\frac{19}{240}$. Strychnia and gentle current secondary, one application each week. Milk diet largely. Tokay and out door exercise. May 3d, has improved steadily each week. "Head stronger and noise less." Watch $\frac{44}{240}$ R., $\frac{44}{240}$ L. June 7th, better, R. $\frac{8}{20}$, L. $\frac{10}{20}$, cracking sounds on moving jaw, noise gone in R., bad L., Bar. Mur. July 5th, better, except noise in L. Hears watch $\frac{20}{20}$. Sept. 3d, has heard well ever since, but noises have been as bad and hearing increased in R. Patient has symptoms of serious uterine lesion, so have advised her to return to her family physician. The result reached is beyond my own anticipations.

Case No. 5. Miss A. R., age 10½, Apr. 27, 1881. Had suppuration after scarlet fever, at six months of age, catarrhal attacks since. Now R. M. E. normal, R. M. T. adhesions hold the retracted membrane, which is not especially thickened. E. T. dil., L. M. E. normal, L. M. T. perforated, a large portion has sloughed and the edges are adherent, E. T. dilatable. Hears watch R. $\frac{12}{20}$, L. $\frac{12}{240}$. Kali Chlor. given for catarrhal symptoms, dose morning and evening and cotton pellet applied to perforation, after its adjustment hears watch, L. $\frac{38}{240}$. May 24th, better, cotton pellet comfortable. Hears watch, R. $\frac{20}{20}$, L. $\frac{36}{240}$.

Many cases of perforated tympana could be benefited by the pellet and guarded thereby from relapse, as the delicate mucous membrane is thus protected. Let us not be too hasty in deciding that aural disease is hopeless under homœopathic remedies joined with such surgical means as above noted.

XLV.

Arsenicum Jodatum in Middle Ear Catarrh.

BY J. H. BUFFUM, M. D., Chicago, Ill.

The use of Arsenicum Jodatum in chronic middle ear catarrh was suggested to me by observing the results obtained by the exhibition in an old case of chronic non-suppurative, inflammation of the middle ear, which had been steadily treated by one of our homœopathic aurists for a long time without benefit. The case which I shall describe in full, was at the time she presented herself to me for treatment, suffering from an acute nasal catarrh which had existed for two weeks. The remaining cases presented no marked indications for the use of the Iodide of Arsenic, beyond those which might be termed symptoms of mal-nutrition, and which we might properly expect would disappear with the use of a combination of two such deep acting nutritive remedies as Iodine and Arsenic.

Case I. Mrs. D., æt. 37. Hearing has been failing for ten years. Four years ago thinks she lost the hearing in left ear suddenly. Has had much loud tinnitus in that ear since, and at times when feeling very well, thinks she can hear a little with it. The right ear has been the useful one for the last few years, but for the last six months has found it very difficult to hear ordinary conversation, and the tinnitus has increased very much.

Two weeks ago a severe coryza come on and since then has been almost totally deaf. Within the last few days has had much pain in right side of head and ear, which was vaguely described as neuralgic. The hearing for the watch was pressure on right ear and absent on the left. The tuning fork heard from forehead, loudest in left ear, and when placed on right mastoid semed far away. Right side of nose very sensitive to touch, and on examining the nostril the tissues were found to be of a dark red color and much swollen. The middle turbinated bone was so tumified as to close that side of the nostril completely, and presenting all the indications of a probable abscess in its soft tissues. There was much burning pain in nose and at times a good deal of painful sneezing. The discharge from the nostrils slight, watery and acrid, and occasionally dark blood. On rhinoscopic examination I found the same hypertrophied condition of the eustachian openings and the vault of the pharynx, with but little involvement of the pharynx itself. The air-bag gave no improvement in the hearing. The nostril was swabbed with fluid Cosmoline, and Iodide of Arsenicum^{3x} trit. every hour prescribed. Three days after reported the nose very much better and the pains relieved. Examination showed swelling much lessened. In ten days the nose had returned to its normal condition, the coryza and swelling entirely subsided. As the swelling disappeared it became possible to open the right eustrachian tube with the air bag, and the hearing showed some improvement for the watch. There was at no time any indication that the acute inflammatory action has extended to the middle ear, as the appearance of the drumheads did not

change, they however presented a dulled and retracted appearance, common in these cases of dry catarrh of the middle ear.

The patient, kept upon the Ars. Jod. three times a day, and the air bag used three times a week, at the end of six weeks the hearing had risen to 20 inches in right ear, and $\frac{1}{2}$ inch in the left, and ordinary conversation heard without difficulty at short range.

Case II. Mr. B., æt. 24. Had scarlet fever when eighteen years of age. Ears ached badly but did not discharge. Since then every cold has effected the ears and there has been much fullness, pain and deafness. The right drumhead presents an evenly thickened appearance, without much retraction, the left drumhead irregular and retracted, tuning fork heard loudest in left ear. R. M. $\frac{20}{60}$, L. M. $\frac{6}{60}$. After air bag R. M. $\frac{23}{60}$. L. M. $\frac{6}{60}$. Has considerable post-nasal catarrh, thick and not profuse discharge, post-pharyngeal wall red and thickened. ℞. Ars. Jod. ^{3x} 4 t. d. One week after reports head feels better than it has for years, catarrh and also hearing much improved. R. M. $\frac{40}{60}$, L. M. $\frac{18}{60}$. Two months later hearing was $\frac{60}{60}$ each cor.

Case III. Mrs. H., æt. 36. Hardness of hearing for several years, which is gradually growing worse. D'h'ds evenly thickened, smooth and retracted. Throat negative. R. M. $\frac{15}{60}$, L. M. $\frac{1}{60}$. ℞. Ars. Jod.^{3x} 4 t. d.

After two months treatment with same remedy and inflation of middle ears the hearing was R. M. $\frac{23}{60}$, L. M. $\frac{18}{60}$.

Case IV. Mr. W., æt. 57. Difficulty in hearing for a long time. R. M. $\frac{1}{60}$, L. M. $\frac{0}{60}$. Tinnitus constant, but much aggravated at times. Drumheads thickened, irregular and white. L. D'h'd shows scar of old perforation at lower third. R. Eustachian tube pervious, throat atrophic, at times dry. ℞. Ars. Jod^{3x}.

Treatment continued for two months with the following result: R. M. $\frac{20}{60}$, L. M. $\frac{6}{60}$, and improved condition of throat.

Other cases might be detailed from my record book, but show no more marked results than those attained in the cases here reported. Many cases showed no result from its use, and in others only a partial one which might have resulted from the general treatment.

XLVI.

Abortion and Premature Labor.

BY A. B. RICE, M. D.

I. Definition.—The term *abortion* is used in this article as synonymous with *miscarriage*, and is applied to all cases of expulsion of the fœtus before the age of viability; and *premature labor* is applied to those cases where there is a possibility of the survival of the fœtus. As a general rule there is little hope that a fœtus born before the seventh month of utero gestation will survive, so that, usually, it will be sufficiently exact

to class all cases of expulsion of the fœtus occurring before the seventh month as abortions, while those occurring subsequent to that time may be called premature labors. It must be admitted that this rule has exceptions, cases having occurred in which the fœtus has lived, although born before the twenty-eighth week, but as a general rule it is doubtless a good one.

II. Importance.—a. Its alarming frequency.—It is a well known fact that American women are very much averse to child-bearing; so much so, that oftimes when a woman finds herself pregnant she is ready to resort to any means to free herself from such a condition. In proof of this I need but appeal to the experience of the practicing physicians of this country, asking them to disclose the cases of this kind that have come under their observation. And further: many of these cases of criminal abortion do not come into the hands of the physician at all, and some of them only when the woman becomes alarmed and is compelled to seek for his help. It has been calculated that at least ninety per cent. of married women who have lived to the change of life have aborted. Hegar estimates that about one abortion occurs to every eight or ten deliveries at term. It is safe to conclude, therefore, that the number of fœtal lives thus lost is enormous.

b. Its danger to maternal life.—If the history of the cases of abortion that occur in this country alone could be carefully written, with reference solely to the question of immediate danger to the mother, such a story of blood would be told as would appall the stoutest heart. But from the very nature of the cases, such a history will never be brought to light.

Occasionally the public is startled by a disclosure that finds its way into the newspapers, but the feeling of just indignation soon subsides, while the deadly practice continues unabated, the deaths that occur being attributed to some other cause. In further proof we need only allude to the more remote dangers that spring from abortion however caused. And the list is a startling one. To give but a few of the many, we have, hæmorrhage, peritonitis, cellulitis, hæmatocele, septicæmia, &c., all of which are acute diseases, and often are caused by abortion.

c. Its liability to produce chronic uterine disease.—In the list of chronic diseases resulting from abortion and premature labor may be mentioned: Subinvolution, cervical and corporeal endometritis, the various flexions and versions of the uterus, the various degrees of prolapsus uteri, dysmenorrhœa, and leucorrhœa, both uterine and vaginal. And this list is by no means exhaustive as every physician well knows. It is not claimed that these diseases are always caused by abortions, but that often abortion stands as a cause, and more often, perhaps, than any other single cause.

III. Ætiology.—In studying the causes of abortion and premature labor a very wide field is opened up; indeed it is too wide to receive exhaustive consideration in an article limited as this must be. A bare recital of the more important, will, therefore, only be attempted. A convenient division may be made as follows:

a. Predisposing. b. Exciting.—The predisposing causes may be sub-divided: 1. *causes referable to the fœtus*; as death of the fœtus from any cause; atrophy, or hypertrophy, or inflammation of the placenta, and also fatty degeneration, or apoplexy of the placenta.

2. *Causes depending on the maternal state:* As syphilis, plethora, anæmia, the zymotic fevers, inflammation of the important internal organs; sedentary life, particularly in over-heated and ill-ventilated dwellings, and morbid conditions of the uterus.

3. *Causes acting through the nervous system:* As shock, either from fright, or excessive joy, or bad news; reflex action, as prolonged suckling, or toothache, or cathartics, or irritation of the renal nerves from albumenuria.

b. Exciting causes: As a fall, or blow; the passage of a sound, or any similar mechanical violence; the various oxytocics. The exciting cause is oftimes so slight as to be beyond the cognizance of the physician, particularly when the predisposing cause is strong.

IV. Diagnosis.—At first thought it might appear that the diagnosis of a case of abortion would be an easy matter. But the first question that usually arises is this: "Is the woman pregnant?" A question that is not easily answered before the fourteenth or sixteenth week of gestation. The first step in diagnosis is, therefore, to answer the above question. If in addition to the fact of pregnancy, we find a sanguinolent discharge from the womb, with labor-like pains in the loins, and a general malaise, we shall be safe in diagnosing an impending abortion. After the fourth month the diagnosis becomes comparatively easy, as we have the evidences gained from palpation of the abdomen and auscultation of the fœtal heart, to assist in determining the question of pregnancy, while the symptoms of the abortion are more clearly marked.

V. Prognosis.—The prognosis of abortion and premature labor is variable, being influenced both by the time of occurrence, and the cause of the misfortune. As regards the fœtus, abortion is, of course, always fatal; in premature labor the fœtus may survive, the case being regarded the more favorable the nearer to term the accident occurs.

As regards the mother, I believe, as a rule, the prognosis should be more grave than labor at term. Abortion, the result of slowly acting causes, or as it is sometimes called "*spontaneous abortion*," is to be regarded in a much more favorable light than when produced by mechanical violence. Occurring in the fifth, sixth, or seventh week it is less serious than when it takes place at a later period. During the third and fourth months, from the difficulty in effecting the complete expulsion of the placenta, and the consequent danger from hæmorrhage and septic poisoning, the prognosis should be grave. Also a miscarriage resulting from a zymotic disease, as small-pox, or from inflammation of an important internal organ, as pneumonia, is exceedingly dangerous. In premature labor the prognosis does not differ materially from that of labor at term.

VI. Symptoms.—An abortion occurring early in the course of the pregnancy may entirely escape notice; the woman supposing her monthly period simply delayed, and the flow more abundant on that account. Without doubt many a miscarriage has taken place in this way. Later in the period of gestation, and when resulting from causes that operate slowly, the following symptoms are ordinarily observed: Shiverings, anorexia, nausea, lassitude, palpitation, weight in the pelvis, pain in the back, vesical tenesmus, flaccidity of the breasts. After a variable period

the *pains* increase in frequency and severity, a sanguinolent discharge from the uterus appears, and a digital examination discloses the fact that the os and cervix uteri are dilated and more or less softened, and it may be that the membranes surrounding the fœtus may even be felt engaging in the os. When the case is the result of violence the symptoms are somewhat different; after the first effects of the violence subside there is a period of comparative rest and freedom from pain; at length the pain comes on violently, the hæmorrhage is copious, and after a longer or shorter period the fœtus is expelled, but alas! too often the placenta is retained. With the escape of the fœtus the pain subsides, the "*flowing*" ceases for a time, and the unhappy woman imagins herself all right. But the "*flowing*" is sure to return whenever a portion of the placenta becomes detatched, and it may safely be affirmed that there is no safety for the woman as long as even a small portion of the placenta remains in the uterus. For danger may arise from two sources; there is always danger from hæmorrhage as long as any portion of the afterbirth remains undelivered; and from the decomposition of the retained portions there is danger of absorption of septic matter and the consequent septicæmia. There can be no doubt that many an unfortunate woman has lost her life from septic blood poisoning following abortion. And hence this truth should be enforced. *There is no safety so long as any portion of the placenta or membranes remain in utero.*

XLVII.

Treatment of Abortion and Premature Labor.

BY A. P. HOLLETT, M. D.

From the almost continuous epidemic prevalence of abortion throughout our land, it becomes a necessity for the busy practitioner of medicine to be ready to meet it in its direst and most appalling form. He is constantly liable, and frequently called at a moment's notice to rescue his patient, as it were, by his prompt action from an untimely grave. To be ready for every emergency, it is well that we should consider the treatment of this disease, and understand it in all its phases. That it may be duly considered by this society, in an extended discussion, the chairman of the bureau of obstetrics has designated me to present the salient points, for your further elucidation.

In the prophylactic treatment of this disease, we have to view it as to its cause, from two standpoints—first, those cases induced for criminal purposes and known as fœticide or criminal abortion, and second, those that are the result of accident or disease. In the first class of cases the only prophylactic treatment that will be of success, is the moral suasion of the pulpit, the press, and the rostrum, or the vigorous enforcement of rigid laws. These means of reformation in this direction have in the past, to say the

least, been sadly neglected, and although some have received their just desert, at the hands of the law, for this nefarious crime, still many go unpunished. This should receive the immediate and active attention, not alone of the government itself, but of all philanthrophic associations, which are interested in advancing the morals and interests of the people of our common country. It is not, we feel within the province of this paper to suggest the ways and means for the control of this evil, yet it might be properly considered by this society. In the second class of cases, or those which result from accident or disease, our prophylactic treatment of the case has not advanced, for such a treatment which is a matter of great importance to decide, must be blended more or less with the regimenal and therapeutic. Here we, of the "new or homœopathic school," have an advantage over the practitioners of the "old school" in medicine, in the practical application of our law of cure. Our therapeutics readily adopts itself to the wants of the case, when we follow our smyptomatology, and our remedies will assist the natural functions, to either rid the system of the disease and allay the excitation of the organs and thus act as a prophylactic, or on the other hand assist the vital forces in expelling that which may have become foreign to the system, thus doing away to some extent, if not entirely, with mechanical interference. Among the most essential regime, in the prophylactic treatment of these cases, may be mentioned: quiet in both mind and body, an avoidance of any sudden over-exertion, or excitement, and violent exercise, a suitable amount of exercise, such as riding or walking in the open air, when the weather will permit, attention to dietetic rules by the avoidance, particularly of such articles of diet as are calculated to disagree and distress, the adoption of such diet as is best suited to sustain and nourish the system, a proper amount of bathing, not too much or too little, the occasional use of vaginal injections to promote cleanliness and to give vigor and tonicity to the organs. The bowels should be kept regular by the use of medicinal or enema, and together with these the proper therapeutic treatment, which might be indicated by the symptoms. Too much cannot be said in favor of the attention and advise of a physician during gestation, to establish and maintain a healthy condition of both mother and fœtus, and to accomplish a successful termination of parturition and final recovery. In this particular, as well as in general practice, I believe the physician should be the constant adviser, that he may prevent disease, mal-nutrition and deformity, as well as cure them when they appear. It is generally known that many of our remedies will, when properly administered, assist very materially in the relief of a large number of these cases. The indications for the use of these remedies are so numerous and varied, because of the many causes that may excite to the impending calamity, often requiring us to treat remote diseases to accomplish the desired result, that it would be almost impossible to give them due consideration in this article. The symptomen codex is replete with the indications for their use and our reference to them would only be confirmatory of the *characteristics* of Caulophyllum, Nux Vomica, Belladonna, Sabina, Pulsatilla and many other remedies.

When it has been fully determined that our prophylactic or preventive treatment is of no avail, and this may only be determined by a

rupture of the decidua or expulsion of the fœtus, the question presents itself: "What shall be our course of treatment?" There seems to be quite a prevalence in the "old school" as well as our own, to adopt to some extent, what may be termed the expectant treatment, of waiting for the *vis medicatrix naturæ* to accomplish the result, and only interposing when it seems to be demanded for the safety of the mother. The old idea that we must rake and scrape the uterus clean of the secundines, is by many discarded and they allow the uterus, well adapted by its natural construction, when properly and timely brought into action, to accomplish the result. This result may be accomplished at the time and with the discharge of the fœtus or it may take days, weeks or months, to accomplish their discharge. This prolonged retention of the secundines may be occasioned from a non-physiological development, required for its proper expulsion. The placenta may still adhere to the walls of the uterus, in its natural condition, being as is termed "unripe," fatty degeneration of the connective tissue not having taken place. A professional friend reported to me a case of this kind, which went from the time of abortion, at about the third month, when the fœtus came away, and continued to develop, until the end of the full term of nine months. We have other cases where it may be attached because of some inflammatory process, that may have supervened; and again because of an atony of the uterus or irregular uterine contractions. Are we, in all these cases, to follow out this expectant treatment and feel ourselves safe? I believe we may if we administer our indicated remedies be successful. But the inquiring mind naturally asks: "How are we to get along with the metrorrhagia or septicæmia that, we are taught, are so apt to intervene and which when taken together with inflammation of the genitals, subjacent organs and contiguous tissues, constitute the great dangers in the treatment of abortion. In the metrorrhagia that is so apt, in these cases, to follow any over-exertion, or sometimes without any apparent cause, I believe we can expect to keep properly under control, if we administer the proper remedies in accordance with our therapeutic law.

Pulsatilla, is a remedy that is frequently indicated in these cases, particularly where there seems to be a pre-disposition to retained placenta, atony of the uterus, depressed spirits and desire for fresh air.

Sabina, the characteristic discharge of clotted blood with pain.

Ipecac, the characteristic nausea and cutting pain about umbilicus.

China, much loss of blood.

Secale Corn., irregular action of the uterus, partial detachment of the placenta. In thin scrawny women, crampy pains.

Caulophyllum, general atony, or attacks of crampy pains in different parts, such as the uterus, stomach, or extremities.

Belladonna, Lippe gives "Hour-glass contractions" and "Passage of clots of blood always preceeded by great pain in the back."

Nux Vomica, the characteristic rectum and bladder symptoms.

Rhus Tox, the characteristic restlessness.

Thus we might go on giving the *characteristics* of a host of remedies, but it is unnecessary, for we have the *symptomen codex*, which should be our constant study, as it is the very foundation of our success. These cases should from the first, to insure success, receive our constant atten-

tion and the application of the *similia* that we may bring the organs to a healthy and proper action, when we will have nothing to fear. But we are too apt to be only called when the emergency is upon us, and our patient's life may be flowing from her at a fearful rate and what are we to do. We must, with the utmost haste, arouse the system from its atony and restore the uterus again to a healthy, vigorous contraction. Any means that will accomplish this end, I believe we are justifiable in using. I should favor the tampon, which I have used, if it were the quickest and best means attainable. It has been my experience of late years, that the results are best and quickest attained, and it is my practice to run one, two or three fingers into the uterus and grasp the *os* with the balance of the hand, and at the same time grasp the *fundus uteri* through the abdominal parieties, with the other hand, making compression. I have had, as an inevitable result the contraction of the uterus, and I believe that this is all that is accomplished by the use of the tampon. It simply excites and furnishes something for the uterus to contract upon, *aussi la enfant.* We must have a restoration of the tonicity of the uterus or our patient will die and without it your plugging, or any other course of treatment will be of no avail. This is the result attained by our Homœopathic remedies, that of curing the abnormal condition by restoring the organs to a proper and healthy action, and it is invariably my practice, after having taken the position heretofore described, to direct an assistant to prepare and administer the indicated medication. After a time, I find that I can with safety, gradually, withdraw my hands, noting, at the time the result upon the uterus. My patient under continued medication is again restored to health. I have thus treated some of the worst cases of metrorrhagia in my practice. Duncan in his clinical lectures at the St. Bartholomew's Hospital, says: "Some of the best books on obstetrics divide all children and abortions into living or putrid." "That is a mistake." "Dead children, dead abortions, in various stages of decomposition, are quite common; but putrid fœtus, or putrid abortion is quite a rarity." "Your nose is a sufficient instrument of diagnosis." "A decomposed fœtus is very seldom putrid and it should not be so described." "In our case there is no putridity but there was the peculiar condition of decomposition which I have called, 'mummification.'" This was said in regard to what is known as "missed abortion" or those cases in which the fœtus may have died and yet been retained, for some time *in utero.* In the case under consideration, the length of detention after the death of the fœtus was five months. These remarks I consider, more or less, applicable to cases of incomplete abortion, where the secundines are retained particularly, by adhesion to the walls of the uterus. I consider it to be our duty to always promote the discharge from the system of decomposing matter, particularly if it is putrid, but I believe there has been heretofore, in the practice of obstetrics, too much mechanical interference. If I found the placenta attached to the walls of the uterus, I would not be in a hurry to detach it. On the other hand if on examination, which I would invariably make, I should find the secundines detached and lying in the *os uteri* or vagina, I should assist the natural efforts of the organs to expel them, by traction upon the cord, or by passing my hand above

and bring them down in advance. It has been my experience that sometimes these excrements are held within the uterus or vagina by atmospheric pressure, as the boy's leather and string known as a "*sucker*" adheres to the stone, and in like manner they may be detached, *i. e.*, by lifting the outer edge, while otherwise they might resist considerable force. It has been said by a prominent "old school" authority that "The introduction of anæsthetics in mid-wifery was a very great improvement." "A still greater improvement because saving of life is of more importance than saving of pain, has been the application made of the antiseptic theory, not chiefly in the treatment but in the prevention of disease." Also "That it is undoubtedly the greatest improvement in obstetrics in modern times and it is an improvement that is still going on and increasing." These sentiments I would endorse and consider the principle particularly applicable in those cases where we are so apt to have a part or all of the secundines retained. We might differ to some extent, as a school in medicine and as individuals, as to the antiseptics to be used and as to the manner of using them. As a school, we must feel that a vast amount might have been accomplished in the case of our lamented Garfield, if the homœopathically indicated remedy had been administered, as an adjunct, at least, to the comparatively superficial antiseptic washing of the wounds. So in these cases we look for good results from the indicated remedy, which may be taken in connection with a proper regard for cleanliness of the parts and a neutralization of any manifest putrifaction. Almost irresistably the mind of every practitioner of homœopathy turns to Arsenicum, China, Carbo veg., and other remedies, many of which are indicated in the treatment of the more active stages of abortion, and whose antiseptic qualities are forcibly manifest. For local application, after abortion or labor, I advise the use of injections of castile soap and water, as a means of cleaning the parts, and I can conceive of cases, although I have not had any, in which it might be expedient to use carbolized or other deoderizing injections. The sequels of threatened, complete or incomplete abortion may be properly divided into two kinds, viz.: Those of the mother and those of the child. Those of the mother may be from the depleting affects of the loss of fluids, which may develop some latent diathesis of the system or on the other hand they may be the result of prolonged inflammation of the genital organs, largely, "the stock in trade of the gynæcologist." These results coming properly under the bureau of gynæcology, it is hardly within the province of this paper to consider them, the sequels, individually yet we should endeavor to so treat our cases, that we may, if possible, avoid them. Here I believe is one of the great troubles. Called, as we often are, at the last moment, so our services are often dispensed with at the earliest period, when the more immediate danger may have passed, and very often long before the inflammation could have subsided, or the system reacted from the effects. How many years of suffering and valuable lives might be saved, by a continuance of our personal supervision and treatment of these cases, as well as those of parturition at full time. These cases particularly illustrate the need that we should have a change, for the good of humanity, in our mode of practice and our compensation should not be measured by the number of visits or the hours spent, but by the results attained, and our ability to prevent disease. How much

better results we might expect from the properly indicated medication at the very outset, before the disease had become developed into a chronic pathological condition and perhaps beyond our skill to cure. We should by the very force of circumstances, be interested to keep our patients well, by meeting every untoward symptom, with the indicated remedy, gleaned by a careful study of the symptomen codex, and in this way, in these cases we might do much to lessen the practice of those specialists known as gynæcologists.

In conclusion we have to consider the effects of threatened abortion upon the fœtus, as regards its health, nutrition and development. I have had cases in my practice where women have been threatened, almost monthly, during gestation, with abortion, and two cases, which I call to mind, in which "old school" physicians had failed to carry them through and in which I was successful; yet in all of these cases, I never saw a child that I thought was in any way affected, as a result of the disturbance. Yet physicians claim that as a result of continued threatened abortion, we have monstrosities. I have a professional friend who claims to have had as a result, in these cases several monstrosities, and with him it has become a serious consideration whether, he is called upon for the good of humanity, to make a persistent effort to prevent a continually threatened abortion. I can readily conceive of cases, in which disease of the system might so affect the nutrition or produce disease of the fœtus so as to cause its death, and which might in a less degree produce a malnutrition or a monstrosity. But can we not expect to cure these diseases by the proper medication? It has been invariably my practice, by the use of the proper treatment, so far as I could discern, to endeavor to carry these cases through to the full term of gestation and where successful, I have never had reason to offer regrets.

XLVIII.

Pollenaria.

By C. A. Beldin, M. D.

This term pollenaria is derived from the two Latin words *pollen*, fine dust, and *aer*, air; signifying when combined, air filled with the fine dust from the anthers of flowers of plants while in bloom. Some twenty years ago my attention was called to a disease of a catarrhal character, attacking certain individuals, (I say certain individuals, for only a few persons of the mass of humanity are attacked by this disease).

About the twentieth day of August the attack would commence, and last until the advent of frost had killed the plant from which the trouble arose. Upon investigation I traced the cause of this catarrhal trouble to the plant ambrosia trifida or artemisiæfolia of some botanists. The common name of the plant rag weed, by some called bitter weed. This plant

is indigenous to most of the Northern States, it is an annual, commencing to shed its pollen about the twentieth of August, in the latitude of New York City, although I have observed that in different seasons the plant will vary a few days in the time of shedding its pollen. For instance, in the year 1881, the plant was some ten days behind time in shedding its pollen, owing to the cold late spring, (and in the hot, dry summer the plant did not grow as fast as during more favorable seasons).

There are other plants besides the artemisiæfolia that produce the disease incorrectly called hay fever and which we shall call pollenaria, namely: The pollen from the rose, producing what is called the rose fever, and pollen from the trifolium pratense or red clover and several of the grasses which are used for making hay, producing what might with propriety be called hay fever.

Comparatively few persons are affected by the pollen of these plants, and those persons earlier in the season than those affected by the pollen of the ambrosia. Persons affected by the pollen of the rose, clover, timothy, and other grasses, seem to be more lightly affected than those person who are susceptible to the irritating effect of the artemisiæfolia. Perhaps the pollen of the artemisiæfolia may be more acid as it is more profuse than the pollen of the other plants mentioned. The symptoms produced by pollenaria are those of a severe cold; more generally the sniderian membrane is irritated to that extent that the patient cannot force any air through the nose by inspiration, and very little can be expelled by expiration, and that little by expiration filled with watery mucus from the irritated membrane.

Lachrymation is also profuse, the patient appearing as though he had been weeping for a long time. The mucous surface of the throat and bronchia of some patients are also severely irritated, producing a severe cough, with a thin mucus expectoration. Sometimes at the outset of the trouble there will be some fever, but not usually of a very severe type. The exercebation from the trouble is only when the patient is entirely removed from the pollen laden air. A voyage at sea, or to an altitude above the pollen laden atmosphere will arrest the disease immediately.

As to treatment there are many remedies recommended, but I have failed to see any good results from medicines; the whole disease arises from a mechanical irritation, the pollen of the plant is lodged upon the delicate mucous membranes of the nose and bronchia, producing sneezing, and lachrymation. If the parts subject to the irritation could be covered with a substance such that the pollen could not penetrate, then the disease might be prevented. Also if a medicine could be used that would remove the pollen immediately then the disease could be cured. But as yet I have failed to find either the preventive or curative remedy for pollenaria. I have used the Ambrosia Trifida in cases that I have had reason to believe were produced by this plant, but without effect. I have also used the indicated remedies internally but without effect. Local applications only relieve, if at all, for a very short period.

If any M. D. present has a method of removing this thorn from the flesh I should be glad to learn how he performs the surgical operation.

XLIX.

Some Other Causes for Intermittents than Malus Aer.

BY C. A. BELDIN, M. D.

Some time since a paper presented by me to this society entitled "Malaria! Is it a disease?" was returned, with the request that I would write more *in extenso* and present the paper with additional proofs at the next meeting of this society. Press of business has prevented me from complying with that request until now. I then stated that the term malaria as used by physicians and others, would imply that malaria was really and truly a disease, and not the name of a cause, which produced disease.

I then stated that the term malaria was simply a word derived from the Latin words *malus* (bad), and *aer* (air); also from the Italian, *mala* (bad), and *aria* (air), or in plain English bad air. I also expressed a surprise that medical men in particular should torture this name of a cause, (if so admitted) into the disease itself.

But that there was a condition of air that produced a condition of disease, I did not deny; and that, that condition of disease might be intermittent, remittent or typhoid fevers, cholera, cholera morbus, and other kindred diseases.

But I did, and still do deny, that intermittents, and kindred diseases are produced exclusively by paludal causes, or from the decay of animal or vegetable matter. Spores, or sporules.

After a careful study of the etiology of intermittents, remittents, typhoids, and their kindred diseases, we find that most authors are of the same opinion.

That is, that heat, moisture, and decaying vegetable or organic substances produce a gaseous matter which they call malaria; and that this malaria is the cause of intermittents, and other adynamic febrile diseases.

Upon investigation we find that the evidence regarding the geological nature of the soil as a cause of intermittent to be somewhat conflicting.

It is a fact, that in the usual places where intermittents abound, the soil may be varied, and may consist of mineral, animal and vegetable matter, mixed in such proportions, and of such constituents, chemically, as tend to absorb moisture and retain it, and subsequently to decompose. Such soils are alluvial.

Intermittents abound however where soils of a different nature predominate; such as sand plains, in coarse loose gravel, and in waste lands without vegetation. These are places where intermittents may and do abound.

In fact it has long been a conceded and accepted opinion that intermittent poison is exclusively the result of decaying matter, in one way or another, which produce gases, such as carbonic acid, carburetted hydrogen, etc., and that to produce this decomposition and this elimination of these gases, the necessary accompaniment must be heat and moisture. And some authors believe that intermittents, diphtheria, etc., are produced by

spores, bacteria, or algæ or something of the kind. I do not deny that these germs may be found after these diseases have been once established but not before.

*"In opposition to this view stands the fact that some marshy regions which present all the conditions for such products of decomposition (some districts of Alabama, Long Island, Peru and elsewhere), some of which are even surrounded by the most notorious malarious regions, remain exempt from the disease. It is no rare occurrence, where malaria prevails, to find that the sort of weather which, according to the theory, should favor its production, (moisture, a high temperature, etc.,) is accompanied not by an increase but by a diminution of the disease."

"But that something more than ordinary vegetable decomposition is requisite for its production is sufficiently proved by the disease being indigenous in certain localities, whereas in certain districts and countries in which vegetable decomposition must take place abundantly the disease never occurs." "Experience alone can enable us to decide as to the presence or absence of malaria in any given locality."

"Authors, however, while acknowledging these contradictions, still state that heat, moisture, and decaying organic matter produce intermittents."

"But there are many cases where all of these factors are present and, no intermittents exist. Aitken says, vol. 1, page 511: 'But although it has been observed that absolute marshes do not always produce agues.' Hertz says, Ziemssen's Cyclopædia, vol. 11, page 564: 'Instances occur, every now and then, in which, with every condition present for the development of malaria, this poison is entirely lacking.' 'We cannot account for these exceptions, unless it be on the ground of the disinfecting properties of ozone, which is said to be largely developed in some marshes.' "Examples of this kind are to be found in many of the islands of the Pacific, in the warm swampy regions of the Australian coast, and, according to the recent accounts of Jourdanet, in the city of Mexico and its vicinity, a region offering all the conditions ordinarily resulting in malaria. Before the very gates of Mexico lies the lake Tescudo, about twenty-five miles in area, composed partly of fresh and partly of brackish water, with a clay bottom, which is often laid bare over large areas as the result of evaporation, with a temperature of from 122° to 140° Fahrenheit, and notwithstanding all this, malarial fevers are rare." L. C. Morse, M. D., writes in the *United States Medical Investigator*, vol. 111, page 364: "The writer, with all due deference, begs to say that he has had considerable experience with cholera, yellow fever, and other epidemic diseases, and, with his attention directed specially to this subject, has yet to discover any connection between the amount of so-called filth in any locality and the virulence of these visitations." He has repeatedly observed, however, that those portions of a city which, according to those ardent sanitary disciples, ought to be most severely scourged, have often been lightly afflicted, sometimes escaped almost entirely, while, on the other hand, the high, dry, well-ventillated, well-drained quarters have suffered most severely. Prof. T. P. Wilson writes in the *Advance*, vol. 111, "that in the

*A. McNEIL, M. D.

summer of 1873 one of the main sewers of Cincinnati broke so that portions of the city were almost uninhabitable because of the intolerable stench, and yet the health of the city was better than usual."

Thus I might continue citing conditions to prove that the accepted theory of causes that produce intermittents are entirely erroneous. But a paper of this kind is necessarily limited. I think that from these facts that I have collected, mostly from others, to sustain my own views on the etiology of intermittents, cholera, typhus, and like diseases, go to prove that the etiology of those diseases is not thoroughly understood, and that the whole subject needs thorough revision. I will now give the views of an able writer on this subject, whose views correspond completely with my own. I refer to A. McNeil, M. D. His theory he calls the electrical theory of the cause of intermittents and kindred diseases.

*"There are three primary factors which contribute to the production of diseases of an endemic, epidemic, and pandemic type. These are electricity, terrestrial magnetism, and evaporation. There are other atmosphero-telluric influences of less importance. The genus epidemicus is, of course, regulated by these influences. For convenience we may divide these into those which increase, and those which depress the vital activity. The influences which increase the vitality are the positive electricity of the atmosphere; a high or medium intensity of the terrestrial magnetism, and a high or medium rate of evaporation.

Those which depress the vitality are negative electricity, a low intensity of the terrestrial magnetism, and a low rate of evaporation by which the atmosphere is usually moist, and also when the rate of evaporation is subject to very great changes.

I will now endeavor to show the effects of each of these agents.

Positive electricity which produces an ozonic condition of the atmosphere, makes the blood a brighter red, less watery, richer in red corpuscles and fibrin, warmer and more negatively electric, particularly the corpuscles. Blood in this condition is more strongly attracted to the periphery, for this reason, there is manifested a disposition to determination to the capillaries, particularly those exposed to the atmosphere, and which readily passes into actual inflammation.

One who is subjected to the action of positive electricity, appears to receive heat and vitality. His blood becomes warmer, he is more cheerful, courageous, and combative; in short all his mental and physical powers are more energetic and impetuous.

A high state of the terrestrial magnetism accelerates respiration, the circulation of the blood, and all the vital functions. The blood is more arterial, pulse quicker, consequently the whole vital process, the muscular powers increased, and the mental functions and the entire nervous system is stronger and more active.

An excessive or deficient rate of evaporation acts injuriously; an excessive, causes an increased attraction to the surface, which is manifested by eruptions of all kinds. The character of these eruptions is decided by the influence of the other factors; for instance, if an excessive, negative electricity and a low state of the terrestrial magnetism have prevailed for

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Bilious diarrhœa and a great disposition to vomiting and purging occur. The negative electricity is the chief factor in the production of all varieties of diarrhœa. *Intermittents of a benignant or malignant character prevail according to the intensity and continuance of this state of the atmosphere.*

The injurious effects of a low state of the atmosphere may be inferred from what I have said of the effects of the opposite condition.

The evil effects of a low rate of evaporation is shown by a lessened attraction of the humors to the surface and the consequent oppression of the vital organs. The blood is in a measure withdrawn from the influence of the atmosphere and is therefore more venous and watery.

When the blood is driven from the periphery it oppresses the mucous membranes and causes disorder in them. The production of diarrhœa in all its forms is promoted, and a very low rate of evaporation is an essential requisite in the etiology of cholera. In this condition catarrh of the respiratory tract, stomach, and liver, (catarrhal icterus), and of the generative and urinary organs prevail. Dropsy is very much aggravated. But this condition of the air is usually accompanied by much moisture in the atmosphere, which retards the secretions from the skin. Consequently retention of the effete matter occurs and thereby rheumatism.

The changes occurring in these primary factors, assisted and modified by the less important ones, are sufficient to account for the epidemic and endemic influences which stamp their character in all acute diseases, and even exercise an important influence on chronic ones.

But these factors are modified by local causes; volcanic eruptions have a well-marked effect as is attested beyond a doubt. Shallow, sluggish water is also a powerful agent in producing conditions of the electric and magnetic state of the atmosphere, which produces intermittents and other adynamic diseases. If the water is salt the effect is greater. Who has not been struck by the unsatisfactoriness of the explanation why salt marshes were more unhealthy than fresh ones? viz.: that owing to the meeting of salt and fresh water the vegetation is killed and decomposition was therefore more active. But nature has fitted the vegetation of those marshes to bear the changes to which they are exposed. On the coasts of the Adriatic those localities are more severely affected with intermittents at the times they manufacture salt, by forming large ponds of the sea-water by means of dikes.

"Before the beginning of these salines and after their discontinuance there is much less of this disease. Here is no decaying organic matter, but merely the shallow salt-water exposed to the eyes of the sun, forming, as it were, gigantic galvanic batteries."

"The sanitary history of Trieste and places on the Adriatic shows the effect of these salines on the public health."

"How can the prevalence of intermittents in single houses be explained, or on one side of the street, or in the lower story of the houses, or that in some of the marshes of Hindostan a man can pass through on horseback in safety while those on foot are almost certain to be attacked by ague? The law of the diffusion of gases certainly excludes the confinement of gaseous matter in such limited spaces."

"But electricity is subject to different laws, and moist exhalations

a long time, we will have adynamic and even septic eruptive fevers, typhus, sm all-pox, and even plague. If the electric and magnetic condi tions are of the character to produce catarrhs, and an active evaporation accompanies, we will have measles.

A moderate rate of evaporation causes a determination of the humors to the periphery which is beneficial. A low rate of evaporation lessens the attraction to the surface, and consequently the humors fall back towards the vital organs, oppressing and deranging them. The blood becomes more venous and watery. The low rate of evaporation favors the production of diarrhœa and if extreme low rate prevails, it is an important element in the production of cholera. The production of dropsy is favored by this repulsion of the humors.

An increased rate of evaporation increases the quantity of perspirable matter excreted by the skin, viz.: water, the hydrocarbons, and ammonia. In this way the blood will be less watery, richer in corpuscles, better decarbonized, more arterial and better adapted to all the vital processes.

The atmosphero-telluric influences which depress the vitality, are negative electricity, a low state of the terrestrial magnetism, and excessive or very low rate of evaporation.

Negative electricity polarizes the nitrogen of the atmosphere, or produces an antizonic condition of the air. The blood becomes more venous, blue, even black as tar, (carbonized). It becomes lymphatic, albuminous, watery, its fibrin decomposed and disposed to exudations through the capillary walls. The vascular system appears relaxed and paralyzed, and passive congestions of the internal organs readily occur as well as in the vascular system itself, and therefore passive hæmorrhages take place.

Consequently, when an intense negative electricity prevails, hæmorrhages, abortions, morbus niger Hippocratis, apoplexia, headaches, and the like occur, because of the increased pressure of blood to the brain.

The blood loses its irritability, the vascular system becomes relaxed, consequently it is with difficulty excited to febrile movements, and the organism often bears for a long time profound disturbances without manifesting much febrile reaction or other positive morbid phenomena.

There occur during the prevalence of negative electricity, spasms, faintness, and vertigo. Diseases of the brain and spinal cord are prevalent.

The mental powers are duller, indisposed to intellectual labor, spirits depressed, and many complain of an unpleasant nervous excitement without any apparent cause; consequently those afflicted with hysteria and hypochondriasis are worse, and may be on the verge of distraction.

During this condition, dropsy, scorbutus, and chlorosis are aggravated, and a greater tendency to gangrene exists.

When the blood is loaded with carbon and the hydrocarbons, the liver is forced into greater activity, for it is the organ to which is assigned the removal from the blood of those matters when superabundant. This activity is of course accompanied by an increased determination of blood, but as the liver partakes of the relaxation of the whole system, so it is subject at such times to congestion and obstruction, and therefore to well marked disease. During the prevalence of negative electricity all chronic hepatic difficulties are aggravated, consequently icterus and melanosis are frequent.

may be loaded with electricity while the surrounding dry air is very scantily impregnated with it." "Another fact which utterly excludes the popular theory: In Italy and Malta, experience has taught the inhabitants that a veil over the face protects from the bad effects of marsh exhalations."

"The ague must be in large lumps, to be sifted out in this way." This paper is not altogether original, but I have drawn largely from others, those who have expressed views corresponding with my own. I simply wish to enter my protest against the calling of everything in the disease line, *malaria.*

L.

Malaria.

BY A. MCNEIL, M. D., New Albany, Ind.

The word malaria is one that is very frequently heard and which suggests to the popular mind swamps and chills. Let us investigate. Nearly all physicians speak of malaria as being the cause of intermittents, remittents, most of the neuralgias, and as in certain regions complicating nearly all diseases. When they come to define malaria, they say in accordance with the books that heat, moisture and decaying vegetable matter always produce it, and that they only know it by its effects. The works which treat of the above mentioned diseases while defining malaria thus, find such exceptions that they are compelled to make many explanations to account for the exceptions. MacLeon says, Reynold's system of medicine, vol 1, page 353: "Malaria is also generated in hard rocks, such as granite and trass, in a disentegrating state." Although he says that there are only two per cent. of organic matter in the soil of the islands of Hong Kong, which is very malarious, but some one has said that disentegrating granite produces a fungus that perhaps produces malaria. But how is this hypothetical fungus to live on the granite. MacLeon also says that the great Dismal Swamp is not malarious, "being covered chiefly by growing cypress trees," but he does not tell us that the swamps of Louisiana which are subject to intermittents are also covered with cyprus trees. Flint acknowledges the difficulty candidly, saying, page 859, "but that something more than ordinary vegetable decomposition is requisite for its (malaria) production is sufficiently proved by the disease being indigenous in certain localities, whereas in certain districts and countries in which vegetable decomposition must take place abundantly the disease never occurs." And the same author also says: "Experience alone can enable us to decide as to the presence or absence of malaria in any given locality," or in other words he would not venture to say that intermittents were prevalent or absent in a locality on inspecting it carefully, but would have to learn from the inhabitants. I will cite a case in point from "The Naturalist on the River Amazon" by Henry Walter Bates, F. L. S.

and assistant secretary to the Royal Geographical Society of England. He says: Para, Brazil, is situated 1° 28′ S. latitude, the mean temperature is 81°, and the lowest 73°. The humidity is excessive, so much so, that salt can be preserved in the crystaline state only with great difficulty, and that a gun loaded at night can not be fired off in the morning. The ground is low and surrounded with swamps and extremely fertile." Everything would serve to indicate that the place was uninhabitable, with malaria, (wherever I use this word, I do it in the popular sense.) Bates says: "The country had for a long time a reputation for extreme salubrity. Since the small-pox in 1819, which attacked chiefly the Indians, no serious epidemic had visited the province. We were agreeably surprised to find no danger from exposure to the night air, *or residence in the low swampy lands.* A few English residents who had been established here for twenty or thirty years looked almost as fresh in color as if they had never left their native country. The native women, too, seemed to preserve their good looks, and plump condition until late in life. I nowhere observed that early decay of appearance in Brazilian ladies which is said to be so general in the women of North America. Up to 1848, the salubrity of Para was quite remarkable for a city lying in the delta of a great river in the middle of the tropics and half surrounded with swamps." Bates also mentions that other places situated among swamps on the river were similarly fortunate. He says often speaking of the extreme humidity of St. Paulo, being such that neither sugar, salt, nor gun powder could be preserved unless carefully secluded from the air in cannisters. The ague did not exist at St. Paulo; but the foul and humid state of the village was, perhaps, sufficient to produce ague in a person much weakened from other causes. The country bordering the shores of the Solimoens (upper Amazons) is healthy throughout; some endemic diseases certainly exist, but they are not of a fatal nature, and the epidemics which desolated the lower Amazons from Para to the Rio Negro, between the years 1850 and 1856 have never reached this favored land. Ague is only endemic on those tributary streams which have dark colored water." Here is a country where all the conditions which are popularly believed to produce intermittents and remittents exist in a pre-eminent degree, equatorial heat, excessive humidity, both of the atmosphere and soil; and luxuriant vegetation. I might go on citing other localities where the supposed conditions of malaria are present and yet no intermittents or remittents, but these must suffice. For nature never breaks exceptions to her laws and a single well attested case is sufficient to establish my point.

I will now show that intermittents prevail where some or all of those factors, heat, moisture and putrefaction are absent. Hertz says, Ziemssens Cyclopædia, vol. 11, page 566. "It has long been known that malaria may exist on a dry soil or in mountainous regions even at a considerable height (although the dissemination of the poison is more in a horizontal than in a vertical direction) and that in the latter case it is often more extensive and severe than in the adjoining low country. On the Tuscan Apennines, fevers are to be found at the height of 1,100, on the Pyrenees at 5,000, on the island of Ceylon at 6,500, and in Peru at 10,000 and even 11,000 feet. At the same time the neighboring plains are either entirely free or visited by the disease in a much milder form." On

another page, same volume, he says: "Furthermore, a number of extensive districts are known which are entirely free from the influences attributed to marsh lands from surface water, dampness, etc. Among this number are to be recorded the high plateaus of Castile, the plains of Araxes, the terrace lands of Persia, the table lands of India, the island of Kutch and the island of Ceylon." Aitken says: "Science and practice," vol. 1, page 512: "Rocky places, such as Ciudad Rodrigo, Gibraltar and Malaga, have now and then been ravaged by epidemics of litoral and paludal fevers, and the rocky shore and islands of the Mediterranean for instance, Menoria, Sardinia, Sicily, Cephalonia, and all the Cyclades abound as much in these fevers as the most level parts of Holland; and the West India Islands, most of which, although coralline rocks, are the native soil of these diseases. Eisenmann says: *Vegetative krankhelten*, seite 177. "Finally, intermittents are endigenous where water entirely fails, and where there are no exhalations from putrefying or decomposing matters. I refer to intermittents at Corea, in Estremadura, in the elevated ports of Castile, in the arid and desert neighborhood of Volterra in Cyprus, where fresh water frequently entirely fails, in Georgiewesk, in the vicinity of the Steppes, in the arid Ispahan, on the Ghauts of Hindostan, on the heights of the coast of Malabar, and on the heights of the interior of Ceylon, where, as on the coast of Malabar, it is called mountain fever."

At long intervals, intermittents instead of lurking in marshes, have marched forth and devastated regions where they had been previously entirely unknown, and have even spread over the world as a pandemic, and what is still more inexplicable on the theory of malaria, have changed localities without any known cause. Ziemssen's Cyclopædia, vol. 11, page 567: "Instances are on record where earthquakes or volcanic eruptions (which are attended by disturbed electric conditions), have been followed by the appearance of malaria where it was previously unknown, and it is equally difficult to account for the prevalence and disappearance of malaria in certain places where no changes whatever have occurred in the relations of the soil; and we are thus forced to the conclusion that standing water and marshy soils are not the only factors concerned in the production of malaria."

In the face of this mass of evidence which can neither be explained away, nor denied, can we still cling to the theory of malaria? But is there a more rational explanation of the etiology of these fevers which stands investigation and reconciles all the objections which I have urged against the theory of malaria? Yes! there is one which invites investigation and courts criticism. I will quote *in extenso* from the writings of F. X. Horn, of Munich, Germany. In so doing I shall necessarily have to show the conditions which favor the production of other diseases, but in the short time that remains to me, I can only give an outline. There are three principal factors which enter into the production of disease, and the maintenance of health. They are electricity, terrestrial magnetism, and the rate at which evaporation goes on. There are other minor factors such as temperature, atmospheric pressure, humidity, etc. The latter I will not investigate, as they are known to you less or more perfectly. These factors are changeable, differing at different times and places. They

are subject to conditions which are general and also local. By apparatus and also by other observations these changes may be discerned, but I will have to pass over a description of these. For those who wish to investigate this subject furthur, I cordially recommend the study of Horn's works on electricity which unfortunately are not translated into English.

The influences which increase the vitality are the positive electricity of the atmosphere. A medium and high state of the terrestrial magnetism, and a moderate or high rate of evaporation.

The vitality is depressed by the negative electricity of the atmosphere. By a low state of the terrestrial magnetism, by a lessened evaporation, by which the air becomes more moist; or by excessive oscillations of the evaporation.

The positive electricity of the atmosphere polarizes the oxygen and thus produces ozone which causes an increased arteralization of the blood which is thereby of a brighter red, poorer in water, and richer in red corpuscles and more highly fibrenized, warmer, and increasedly electro-negatively polarized, and consequently its constituents. Such a blood manifests an increased tendency to the periphery, by which it manifests a disposition to over-crowd the capillaries, particularly those on surfaces exposed to the direct action of the atmosphere. This hyperæmic condition readily passes into actual inflammation, a hyper-arteralized blood is irritable and sensitive, reacts quickly and impetuously against foreign matter which comes in contact with it in however small a quantity. We perceive then fever, febrile, exanthematic manifestations, ebulitions of blood and heat. While a more venous blood tolerate morbid matter without reaction. It is consequently more torpid, less irritable and more relaxed.

Blood which is more arterial, more negatively polarized, increases the negative electricity normally present in the muscles, they receive thereby a higher tension and power, by which they have an increased working ability. As the movements of the entire vascular system are essentially performed by the muscles, so there arises an increased energy, which finds expression in a more energetic vascular activity, which easily becomes morbidly in excess, particularly when an irritation arises, let it be direct, reflex or by propagation. There arises readily thereby an over-tension of the arterial vessels and hyperæmia in the capillaries which easily passes into inflammation.

The nervous system partakes in this increased energy and working ability, and is less irritable, and less subject to spasmodic action.

All the functions, mental and physical, are performed with more facility. The mind is clear, joyous, active and energetic, while digestion, respiration, metamorphosis of tissue, etc., are also performed with more ease and power.

A second powerfully active factor is terrestrial magnetism.

A high state of the terrestrial magnetism quickens the respiration makes the blood more arterial, accelerates the pulse and therefore the entire vital processes, increases the muscular power, hastens the movements, strengthens the nervous system, animates the hopes, and makes the mind courageous and cheerful, and in short increases the vitality of the entire organism.

A third factor which increases the validity is a medium and an active

rate of evaporation. As the water from vessels and moist membranes are evaporated quickly, so does the same happen to the fluid perspirable matter on surfaces exposed to the air, (the skin and lungs.) The more active evaporation increases the amount of perspired material, (water, carbonic acid, the carbo-hydrates, carbo-nitrates, ammonical matters). As there is more watery matters withdrawn from the blood it is less watery, contains more solids, better decarbonized, and generally better purified; it is more arterial and vitalized (lebens frischer). Thereby the metamorphosis of tissue in the organism, is more active, and consequently the entire vital process.

Evaporation in excess is the chief cause of exanthemata, the character of which is decided by the electric and magnetic conditions present.

The telluro-atmospherical influences which depress the vitality are, 1st. the negative electricity which is a highly dangerous factor, it depolarizes the oxygen of the air, and polarizes its nitrogen, which thereby, by acting in combination with carbonic acid, both without and within the organism, forms injurious products. The blood becomes venous, blue, even black like tar, (richer in carbon) according to the degree and length of time of the action of the negative electricity. The blood becomes richer in lymph albumen, more watery its fibrin, softer and more disposed to capillary exudation, and its temperature lowered. The entire vascular system is relaxed, partially paralyzed and disposed to congest the inner organs and vascular centres. Hemorrhages are therefore more frequent from these parts. The blood is less irritable, the vascular system relaxed and consequently less disposed to febrile movements.

The nervous system is more sensitive and irritable, (morbidly excitable) subject to spasmodic action. Therefore during the prevalence of negative electricity there are frequent spasms, fainting, and vertigo. The mind appears relaxed, disinclined to labor, disposition anxious, and many complain of an unpleasant irritation of the nerovus system.

The blood when richer in carbon and hydro-carbons excites the liver to increased activity, for on it devolves the excretion of these matters. Being over active it is crowded with blood, but as it in common with the rest of the organism is weakened and relaxed, and thereby congestions of it ensue. Consequently during a prevalence of negative electricity diseases of the liver are more prevalent. Bilious and other diarrhœas as well as vomiting occur. In fact the negative electricity of the air is the chief factor in the production of all forms of diarrhœa. Besides it is the cause of intermittents, benignant or malignant according to its intensity and long continuance.

The next factor in depressing the vitality, is a low condition of the terrestrial magnetism. This is incontestably shown by the peculiar morbid tone of the nervous system, when there has been a long continued low state of the magnetism. The nervous system becomes more sensitive, irritable, disposed to spasmodic action, adynamic and there is a greater liability to paralysis, in its different grades.

At such times one feels weak and relaxed, there is a bruised feeling in the muscles, is sleepy, disposed to sweat, anxious and melancholy, and more inclined to despondency and hopelessness. When there is a low condition of the magnetism, insanity arises more frequently. If there is

simultaneously a positively electric condition of the atmosphere, there will be rage, desire to escape, and to throw themselves into the water. When negative electricity prevails there will be melancholy and sadness.

In periods of a low state of the magnetism of the earth, there are frequent attacks of vertigo, faintness, apoplexies, and a more or less disposition to vomit. All nervous sufferers, (if their diseases do not rest on an inflammatory, vascular irritation,) are worse, epileptics are attacked more frequently and violently, and also hysterical and hypochondriacal persons. The prevailing diseases assume a nervous, spastic and adynamic character, we therefore perceive disorders of a *typical or intermitting form.*

When congestions take place at the nerve centres, at such times convulsions are frequent. Phlogoses change readily to neurophlogoses. Typical diseases become malignant, and fevers assume a typhoid character, and become adynamic. At such times we frequently meet intermittents. The abdominal-ganglionic system manifests a peculiar irritability and morbid sensitiveness. It appears to be weakened and more subject to spasms. There is a disposition to *vomiting* and diarrhœa, colic and obstinate constipation.

The influence of the terrestrial magnetism on prevailing diseases is evident, they become better or worse accordingly as it rises and falls, with the different times of the day. The acute febrile diseases with vascular irritation are exacerbated at those hours in which the magnetism shows its normal daily rise, and *vice versa.* This is the course in diseases of a purely inflammatory character. While chronic diseases and such in which a venous condition prevails, the aggravations occur at the time of the remission of inflammatory diseases.

A third highly injurious influence on the organism is a very low rate of evaporation or one subject to striking oscillations. In a lessened rate of evaporation and the consequent decreased attraction of the fluid to the periphery which cause them to clog the central regions. The fluid thus withdrawn from proximity to the surface, becomes more venous and richer in water. But in that case the mucous membranes of the respiratory and intestional tract, as well as the inner organs generally, particularly the kidneys become turgid and are thereby subject to changes of nutrition, and in their secretions.

If those factors which increase the vitality are all present in a high degree we have inflammatory lesions. If the depressing factors act likewise we have malignant venous diseases. Health is promoted by a medium condition.

If local influences act constantly, these organisms exposed thereto will receive a certain morbid impression. So there may be a local atmospheric constitution, and an endemic disease character. Therefore we find in places where from local causes negative electricity prevails, (usually developed by an increased evaporation), and this changes frequently as in swampy neighborhoods or on the banks of sluggish streams, diseases of a gastric character prevail and therewith intermittents. In other places, where the evaporation is more constantly increased, there is a more endemic exanthematic character. If the local and general constitution of the air are in union, their influence will, of course, be increased and the endemic forms of disease are more frequent and malignant, therefore, the

so-called malarial diseases may prevail. On the contrary, if the local and general are of a different type they antidote each other.

Different combinations and intensities of these factors, modified also by the less important factors, cause a prevalence of certain disease forms, as phlogoses rheumatisms, erysipelas, neurophlogoses, catarrhs, the neurosis, (intermittents) the emetocatharses (choleraic) diseases, the typoses, the acute exanthemata and the cholosis.

The catarrhs and the intermittents change into the choleraic, and *vice versa*, as we see in epidemics of influenza and intermittents which pass into those of cholera, and as this disappears the former return.

I have shown conclusively that the popular theory of malaria is fallacious and that it is irreconcilable with indisputable facts. I then gave an explanation of the etiology of intermittents and other diseases that rests on accurate and long continued observation. True the number of observers is small, but every new truth has been similarly situated, and not till facts had accumulated did it become generally received. I apologize for having trespassed on your time and attention so long, but I could not do the subject justice in a shorter period. In fact I have been unable to fully explain some points in my fear to reach too great a length. Thanks for your attention.

LI.

The Female Constitution as Influenced by Respiration.

By T. L. BROWN, M. D.

Pure oxygen is the natural element which rules the life-motions and form-manifestations of the body and mind.

The perfect women have the most oxygen at the right time and in sufficient quantity. From the first breath of childhood until the last one at death, all we are or can be is ruled by our timely use of oxygen. And women next to children have the least of it during their shortened lives. *More than half their ills can be removed by outdoor life*, with increased exercise, and more perfect respiration. The healthiest women known in America were raised from childhood in the old log-cabin, the only well ventilated dwelling of our earlier civilization. Want then compelled exercise and plain food and drink as further helps to a sanitary life of natural health. Fasting, fresh air and exercise then produced our healthiest mothers, daughters, sons and fathers. Bad air, gluttony and laziness has sadly diseased our race since those days of want and toil. To-day dress, condiments, stimulents, mental-alienation and want of perfect respiration make business for doctors, ministers and lawyers.

Characters who were of very little use in the days of the log-cabin happiness. Physicians, well educated in all that makes a good practitioner, often loose their reputation by neglecting the proper supply of fresh air to their in-door patients.

No advice or remedy can become a substitute for oxygen or at any time prevent the results of its scant supply.

Every function of woman, from her first breath to her last, requires a full compliment of oxygen at all hours or disease is the certain result. No one substance has so much to do with the healthy form and mental condition of the child, the maiden and the mother as oxygen, and no one more neglected by the physician.

Proper ventilation of our homes would prevent half of the diseases of women, and cure the most fatal ones, for the very plain reason that their only cause is the absence of oxygen and regular well timed exercise. Pre-breathed air causes more disease among the occupants of badly ventilated dwellings than any other known dirty substance. Bodily health, mental soundness, women's best evidence of a good constitution are the result of a normal respiration. During the past five years I can give more credit to the proper supply of fresh air, for the cure of woman's ordinarily, so called incurable diseases, than to any other known substance. A full and continued supply of oxygen to the human body is as necessary as a full supply of steam to the engine, in order to make the best use of both, in all their proper relations in existence.

LII.

On a Positive Sign of Improvement in Chronic Illness.

BY W. Y. COWL, M. D.

At the end of each year in all our hospitals both public and private, the questions never fails to recur. How many patients in the year last past, have died? How many recovered? How many were improved, and not improved?

There can never, of course, be any doubt about the number of deaths. On the other hand one may say, that among hospital men, at all well-trained or conscientious, one will seldom be found to exaggerate the number of recoveries, by tallying ones, where such have not been made. We may therefore look for correct returns of the number of patients recovered, and dead at the end of the year.

But in dividing the cases simply improved from those not improved, how many chances are there not opened for varying individual opinion. To remember for instance, in deciding upon the improvement or non-improvement of any one case, whether or not the patient's symptoms are as a whole *more favorable* than when he first came under treatment, whether his present more easy state is not simply the result of better hygienic surroundings, while the actual pathological condition, the lesion if he has one, remains, at least, as far as actual prognosis in any of its aspects is concerned, the same.

Again, to decide upon improvement or not, where a patient is in some respects better, but in others not so well, is oftentimes a matter of consid-

erable difficulty, whether judged by either the physical signs or the subjective symptoms.

Patients' statements upon this point, especially among the usual denizens of hospitals, we may say are exceedingly unreliable, fully as much so, in fact, as their statements concerning their last and unfortunately unsuccessful physician.

A natural optimism, or a natural pessimism, beside many matters personal or extraneous, will oftentimes lead even an intelligent patient to err in judgment upon his own case, for we must always remember that it is a sick man whose opinion we are asking, at a time when he is in anything but a condition for accurate judgment.

Similarly the individual physician is apt to honestly vary in his judgment upon matters so complex.

His judgment, at different times, with different patients, and regarding different diseases, may and doubtless does vary. Moreover, while it is as a rule not difficult to decide in an acute case whether improvement has taken place or not, owing mainly to the intensity of the symptoms and the very fact that it is an acute—a short-lived disorder, it will, I think, be generally conceded that it is not infrequently difficult to say whether a person chronically ill has changed really for the better or the worse.

If there were not even yet a certain shade of mystery about the White House, we would instance the comparison which many have doubtless made between the quite uniformly favorable bulletins and press reports of the first seven weeks, and the patient's actual progressive exhaustion and emaciation of which we are now well aware.

But against all this variance of actual fact and published opinion, the strong common sense of our Secretary of State vigorously asserted itself. In his cable message to Minister Lowell, at the time of the recent so-called relapse, he said: "The pulse to-day is lower than yesterday, and his stomach retains food. He is in these particulars better, but it is his general *condition* which gives us serious cause for alarm. He is weak, exhausted and emaciated. He weighs 125-130 lbs. He weighed 205-210 lbs. at the time of the shooting, etc." We find in this independent bulletin, the first statement of the telling fact which showed at once the cause and course of what lately brought our Chief Executive so near death's door, namely, a progressive exhaustion and emaciation, the obvious result of a prolonged course of suppuration, pus-retention, and hectic.

Now, it is not the purpose to give a disquisition upon the aspects of the President's case, especially in view of the fact that an outsider can hardly discuss the subject as the patient's attending surgeons, notwithstanding many apparent believers to the contrary, but we simply hope, with this matter of almost universal knowledge at hand, to illustrate the need of a sign of improvement in chronic illness which shall be generally admitted as positive, and to do this by *one* of the prominent lessons, which this great misfortune, may teach us, that lesson we conceive to be this, namely, that the varying symptoms of a case from day to day are not a sufficiently positive index of improvement or the reverse, *e.g.* whenever a desire exists to make the prognosis good or on the other hand, to make it bad, and how often does not one desire or the other exist, the optimists will derive great comfort from one set of symptoms, the pessimists from

the other, while both will be able to explain those signs which do not apparently favor their own views. If the pulse goes up and the temperature does not, one man will say, well 'tis favorable, as both did not rise together, while his opponent will reply, but the pulse rising alone and not because of fever, is a sign of exhaustion, and so on *ad infinitum*. What we really need it seems, not only in the most important case of illness which for years has befallen the nation, but wherever and whenever we wish to chronicle the *results* in cases of chronic illness, which will be subject to outside criticism, is a sign so positive of improvement that none may gainsay it, that none may deny the truth or accuracy of statistics of disease or the results of treatment in whose recording it may have been used.

As may have been inferred from my previous remarks the signs of improvement or non-improvement in chronic illness which I shall propose is simply a gain or lack of gain in weight, but one may say, even a layman may say, *this* is no new sign in medicine, nor in fact is it a *disused* indication of what every medical man is constantly searching for in his patient, namely, improvement. *It is* unusual however, for the physician himself to test the matter, in pounds avoirdupois.

In general of course, such is not at all necessary, but we believe that in all cases where our opinion as to the relative conditions of our patients at the end of treatment may be called in question, a more positive thing than mere opinion, however true, is called for.

It is a substitution of the definite for the indefinite.

Such a thing we consider to be an exact weighing of the patient at the beginning and again at the end of treatment.

Before accepting this criterion as a general one, however, you will doubtless ask yourselves, but is it *always* a faithful index? We may answer that unlike all natural laws which can have no exception, but like all rules it sometimes will not apply; such cases, however, I believe are comparatively few.

Perhaps it may strike us at once that in all cases where dropsy is a symptom or forms a complication, our test cannot apply. Here even the very opposite rule may tell the tale, although when in any case the superfluous œdema or hydrops has been removed and the patient begins to gain in actual flesh, a comparison his weight at this time, that at the end of treatment may give a truthful idea as to his improvement.

Again we may reflect that patients insane with melancholia, or mania, so long as there is hope of improvement, may grow progressively thin, while as soon as the dementia which sooner or later, inevitably succeeds, has begun to cloud their mental faculties, an increase in weight begins, and increases as prognosis bodes.

Other than these two affections, with the exception perhaps of a small class of cases (generally neurasthenic women) which has been called the fat anemics and in whom blood pabulum which should go to healthy nutrition runs to fat, beside the two disorders I have mentioned I know of none in which our test may not apply.

LIII.

A Sketch of the Rise and Progress of the Oriental Plague, Traditionally Known as "The Black-Death of the Fourteenth Century."

BY A. W. HOLDEN, A. M., M D.

Whatever importance or value may attach to celestial omens, or telluric portents, it may be fairly presumed, if the events of the past, be any trustworthy index of the future, that the world we inhabit, is now being rapidly whirled within the vortex of those terrible cycles, which have from time to time depopulated the earth of myriads of human beings, and appalled the remainder by the manifestation of unusual and terrifying natural phenomena. The lessons taught by these experiences may be rationally introduced as factors in our education, and in some sort, a preparation for such coming events, as are already casting their sombre shadows before. Besides a certain pathetic interest due to our common humanity, attendant upon the relation of great disasters and public calamities, a review of the conditions and causes which ushered in the appearance, and contributed to the propagation of that wide spread and deadly scourge, recorded in medical annals as "the black death, or the great plague of the fourteenth century," may be profitably examined in the light of modern sanitary science, and therapeutic research, and thus enable us to adopt whatever protective precautions may be within our reach, to anticipate and prevent the sweeping devastations which characterized the progress of the great epidemics of the dark ages.

Like all the other great plagues and pestilences of history, "the black death" had its origin in that land of myth and marvel, the remote and densely populated plains of central and eastern Asia.

This plague, the memory of which has been perpetuated in the Italian Annals as "the great mortality," first made its appearance in Europe, in the year 1348. The fifteen years preceding its advent, were of unusual elemental commotions, being signalized by strange planitary and stellar conjunctions, remarkable sights and lights in the heavens, and terrestrial disturbances of no ordinary character, all of which, without doubt, contributed largely either directly or indirectly to the virulence and spread of the contagion.

In China, a parching drought was succeeded by such long continued and overwhelming torrents of rain, that in the vicinity of its capital alone no less than four hundred thousand human beings perished in the floods. The following year another inundation succeeded, which was followed by a devastating pestilence that swept off five millions of people. The same year, a chain of mountains one hundred leagues in extent was suddenly engulfed by a convulsion of Nature, and its place supplied by a broad lake, in which large multitudes of human lives were destroyed. In other provinces of the Celestial empire innumerable swarms of locusts swept the earth of its vegetation ; disease, famine, destitution and suffering following closely in their wake. The same year, a terrific eruption of Mount Etna

occurred, which was accompanied with varied, startling and unusual electrical and atmospheric phenomena throughout the north of Europe. Four years later these events were followed by a famine in China, which swept off four millions of its inhabitants. A year later an earthquake of ten days duration took place, which caused incredible destruction. Year after year, these earthquakes were repeated, and were accompanied with subterranean thunder, and volcanic eruptions, which were attend with immense loss of life.

On the island of Cyprus, the plague from the east had already broken out, when an earthquake shook the island to its foundations, and this was accompanied by such a frightful hurricane, that the inhabitants fled to the open fields and mountains in terror and dismay. The sea overflowed its hitherto rock bound barriers, and ships were stranded in the midst of cultivated fields or high up among the pinnacles of inaccessible rocks. The earthquake was preceded by a pestiferous breeze before which, thousands of men and animals sank down helpless and overpowered, and there died with unutterable sufferings and anguish.

The purity of the atmosphere, which, of all the great elements and constituents of life, is the most uniform, and least variable in its composition and characteristics, was invaded by a stench which vitiated the very sources of health and life. Contemporaneous historians assert that a dense, fetid mist advanced from the far east, and slowly spread itself like a pall over Italy and the Kingdoms of Europe. Noxious vapors arose from a thousand earthquake rifts and chasms.

Noisome exhalations laden with pestilential miasm were wafted with deadly effect from the Egyptian deserts and the arid sands of Arabia; where infinite myriads of locusts were rotting beneath a tropical sun in the silent, stagnant air, whose taint and corruption seemed universal. A recent account of a visitation by this Egyptian plague gives at the best but a faint idea of its loathsome, sickening horrors. The Bible narration of this scourge in the days of Pharaoh, is graphic, but we scarcely realize its power and extent. A modern writer (referred to above) has placed the following description on record: "Toward the beginning of the present century, a prodigious body of locusts was presipitated across the Black Sea, upon the grassy plains lying east of Odessa, where it committed the most indiscribable devastation. To destroy the invaders, vast columns of Russian serfs were marched down from the interior. These on reaching the scene were almost paralyzed by the phenomena they witnessed. For miles, and as far as the eye could reach, the whole surface of the plain was converted into a black color, and seemed to be alive and in motion. The scaly bodies of the locusts, closely packed, and locked together, presented the appearance of a huge cuirass, dusky and tremulous with motion, reflecting with a strange metallic sheen and glitter, the burnished rays of the Orient sun. This immense mass being in motion, advanced inland slowly but steadily, murmuring like surges of the ocean, putting the sheep the cattle, the horses and the inhabitants on all sides to flight. A stench not to be expressed by words was emitted from the disgusting multitudes as they crawled slowly onward, the living devouring the dead for the lack of other food. By the use of shovels, spades and picks and other imple-

ments of husbandry, the Russian serfs excavated a deep, wide trench many miles in length across the line of their advance. A few hours demonstrated the futility of the undertaking. The march of the invaders was scarcely for a moment stayed. The front columns pushed forward over the edge of the chasm followed by a living cataract, which, plunging its black current into the writhing abyss, soon filled up its banks, and onward the torrent swept. The peasants then gathered wood and other combustibles, building huge bonfires, whose glittering, dancing pinnacles, of light shot heavenward in many severed ranks, stretching far away to where the earth and sky seemed blended and brass bound in the ruddy light. Into this the invaders marched with equal intrepidity. Bridging the fire with myriads of the crisped, crackling bodies, steaming the hot air with their insufferable stench, the main army still went 'marching on,' to fresh scenes of triumph and misery.

"The whole Black Sea seemed to be transformed into locusts, which, from its low shores, came up in countless myriads, setting at defiance all the arts and industry of man. Several columns of the invaders filed off toward the east, and alighted amid the vineyards of the Crimea, which they soon changed into a waste of apparently dry and sapless twigs. Russia appeared to be on the eve of a calamity like that of a previous century when the destruction of the harvests occasioned a famine, which was followed by a plague so destructive that the population of whole provinces was thinned almost to extermination. In the instance under consideration as in that included in the Bible narrative, the elements come to the deliverance of man. Before a strong west wind, masses of black clouds came pouring up from the Bosphorus, which covered the heavens, and which gave discharge to copious floods of rain. And so the plague of locusts was stayed, and the land had rest." Not so however at the period of which we are writing. East and west the locusts spread as a devouring scourge, until not a green thing was left for subsistence, and then dying, their pestilential carcasses remained to poison the air with their deadly effusion. In the early part of the year when the black death first made its appearance in Europe, an earthquake of unprecedented magnitude and extent occurred, which shook the continent from centre to circumference. Whole villages were destroyed, and in one instance an entire province was swallowed up and forever obliterated from the surface of the earth. The cities of Rome, Pisa, Naples, Bologna, Padua, Venice and others, were more or less sufferers by the visitation, while dwellings, castles, churches and stately monuments were overthrown, and hundreds of people were immolated beneath their ruins. During the continuance of this earthquake the duration of which according to some annalists, extended over the space of a fortnight, wine became turbid impure, and spoiled in casks ; people experienced a strange stupefaction and headache, often resulting in convulsions and death. These terrene disturbances recurred again two years later, Germany, France, Poland, England, Denmark, and the ancient Scandinavian Peninsula being permeated by these convulsive throes of nature. Great and extraordinary meteors appeared in many places, which were regarded by the people with superstitious awe. Among these was a pillar of fire, which for an hour at sunrise remained suspended over

the Pope's palace in Avignon, and a huge ball of fire which with dire import hung over the city of Paris at sunset. The order of the seasons were reversed. Rains, tornadoes, floods and failures in crops were so prevvalent year after year that famine was imminent and universal. The year before the plague, public bake houses were erected in the city of Florence, and ninety-four thousand loaves of bread, each weighing twelve ounces, were daily distributed to the poor. Such in brief were some of the heralds and precursors of "the great mortality." The route traveled by the pestilence, was that usually followed by the huge caravans bringing the products of the east from the confines of China, through the central plains of Tartary, north of the Caspian Sea, to the eastern ports of the Mediterranean and thence to Constantinople, at that time the principal mart and emporium of the commerce, of three grand divisions of the eastern continent. Another route pursued by the plague, was that leading from Hindostan to Asia Minor, through Bagdad and thence to the maritine ports on the Red Sea, and so along the southern borders of the Mediterranean; or propagated from island to island of that sea, which has been for centuries the highway of nations.

In January 1348, it made its appearance at Avignon at that time the seat of pontifical power. Its first manifestations at Florence, Italy, were in April following, and from thence slowly but steadily advancing, the pestilence proceeded northward from town to town, until it had traversed the territory now covered by France and the German Empire. In August of the following year, viz. 1349, it made its first appearance on the coast of England, and it was nearly three months before it reached London. Thence onward with the same slow, steady march, it passed through Denmark, and the Scandinavian peninsula, Poland and Russia, which last country it did not reach until the year 1351, four years after its first appearance on the eastern shores of the Mediterranean.

The invasion of the disease was most commonly characterized by large imposthumes, and furunculous swellings of the limbs, with glandular engorgements, and suppuration of a most loathsome and offensive nature accompanied by a high grade of fever, rapid pulse and insatiable thirst. These symptoms, common to all the cases, were usually succeeded by indications of cerebral irritation, often followed by stupor, coma or paralysis. In addition to these common indications, of the ordinary oriental plague, the black death, was particularly characterized by a fearfully malignant, and putrid inflammation. The patient was siezed with a violent pain in the chest, speedily followed by expectoration of blood, and a fetid, repulsive breath. Bleeding at the nose; the appearance of the true and characteristic pest boil or carbuncle, often the size of an egg, the black or blue plague spot, were all considered fatal indications, and looked upon from the first as sure signs of death. No power of medicine brought relief or even alleviation of sufferings. Almost all the cases died within the first three days from the attack, some sooner, but very few later, following the appearance of the fatal symptoms; and after their supervention, for the most part entirely without fever or other symptoms than those named.

The pestilence was unquestionably contagious, spreading with fury and violence from the sick to the healthy, the propagation being hastened by

contact with the clothing and persons of the dead and dying. Not only men but animals, hogs, dogs and cats, as well as fowles and birds were suddenly stricken, and after staggering about for a short time fell down dead as though they had been poisoned. In some places the pestilence assumed a more than ordinary activity and virulence. Many were struck down as if by lightning, and died on the spot, and this occurred more frequently among the young and strong, than with the old and feeble. Others, as soon as they saw the fatal plague spot, which was momently looked for amid paroxysms of anguish, and anxiety, bade adieu to the world, and sought consolation in the declaration of absolution which Pope Clement VI promulgated and promised them in the hour of death. Every spot which the sick had touched, their breath, their clothes spread the contagion; and as the records assert, the attendants and friends who were either blind to their danger, or heroically despised it, in almost every instance fell victims to their sympathy.

Flight from infested cities, and neighborhoods seldom availed the fearful, for the germs of the disease adhered to them, and they only survived to die alone, far away from kindred or friends, from sympathy and help, from comforts and conveniences of any kind.

The plague spread in England in every direction from the County of Dorest, whence it advanced through the Counties of Devon and Somerset to Bristol, and thence on to Gloucester, Oxford and London. Few places, if any, escaped the contagion. Contemporaneous historians have stated that throughout the land, only a tenth part of the inhabitants remained alive. In Norway only a third of the population was spared.

Sailors at sea, found no immunity from the dreadful scourge, for ships and smaller sea craft were often found driven about on the ocean, or drifting idly on shore, whose crews had perished to the last man.

In Poland more than three-fourths of the inhabitants fell victims of the pestilence. In some parts of the east the mortality was still greater India was depopulated.

The provinces of Tartary were covered with their dead. In China the loss was upwards of thirty millions.

In the principalities of Caramania and Caesarea none were left alive. On the roads, in the camps, at the Caravanseras, unburied bodies alone were to be found. In Aleppo, five hundred died daily. The small city of Gaza in Palestine lost twenty two thousand inhabitants, and nearly all its animals. The death rate in Cairo, averaged when the distemper was at its height from ten to fifteen thousand daily. Outside the Chinese Empire, the loss in Asia alone was estimated at about twenty four millions.

In Europe the percentage of mortality was as great if not greater. The losses sustained by its principal cities have been recorded as follows, viz. London and Venice, one hundred thousand each, Sienna seventy thousand, Florence and Avignon, each sixty thousand, Paris in France and Norwich, in England each fifty thousand, Marseille sixteen thousand, in one month, St. Denis, a suburb of Paris lost fourteen thousand more; while the smaller towns and villages exhibit an equally frightful result. It is recorded that over two hundred thousand of the smaller places and villages in continental Europe were bereft of all their inhabitants. In

many places in France not more than two out of twenty of the population survived the pestilence, while in the gay capital the fury of the plague fell alike upon the palace and the hovel. Two Queens, one Bishop, many of the Nobility and other distinguished personages were cut down in the merciless swath of common death.

In a single hospital in Paris there died at the rate of five hundred a day under the faithful attendance and care of the Sisters of Charity, whose disinterested devotion and Christian fortitude during this age of unparalleled horrors, conspicuously displayed the most beautiful and praiseworthy traits of human excellence. Their lives became a daily sacrifice to the fell contagion, and their numbers were several times renewed, yet there was no lack of fresh candidates for this pious and humane service. Church yards were speedily filled and no longer had capacity or limits for the dead.

Many houses being left without inhabitants fell into decay and ruin. In Avignon, the Pope found it necessary to consecrate the river Rhone so that the dead bodies might be thrown into it without delay, there being no longer room in the Church yards for them. The same necessities existed in all the populous cities and towns, for some extraordinary provision for the speedy disposal of the multitudes of the unburied dead. In Vienna where for a long period twelve hundred died daily, interment in the Churches and Cemeteries was strictly forbidden, and the dead were arranged in layers by thousands in six large pits or trenches outside the city, something after the manner of the burials on the late battle fields of the south. A similar plan was pursued at Cairo and Paris. Notwithstanding this precaution, many were secretly buried; for at all times the people are attached to the consecrated places of sepulture, and will not readily renounce the customary rites and formalities of burial.

The horrors of the pestilence were in many instances aggravated by reports that plague patients were buried alive; and more than one romance has drawn its weird attractions from sensational and highly wrought narrations of such events.

In the city of Erfurt, after all the church yards were filled, twelve thousand corpses remained to be disposed of and were thrown indiscriminately into eleven large pits or trenches. The same condition held true of nearly all the larger cities. Funeral ceremonies and rites, the last consolation of surviving friends, were everywhere impracticable. Germany lost one and a quarter million of its inhabitants. Italy buried one-half of its entire population. In the city of Florence it was forbidden to publish the number of the dead, or to toll the bells at their funerals in order that the survivors might not abandon themselves to dispair. In many places in England, scarcely a tenth of the population was spared, and over one-half of the entire population of the British Isles were swept away to their burial. At the outbreak of the plague, there was in England, a superabundance of all the necessaries of life, but the black death was soon accompanied by a fatal murrain which siezed the cattle already wandering around the country without herdsmen and they perished by thousands. Their carcasses became so loathsome and pestilential that even the birds of the air and the beasts of prey would not touch them. The harvests hitherto abundant in this beautiful isle, fell short, or from a scarcity of help

were not gathered; the produce of previous years was bought up and monopolized by speculators, and the horrors of starvation were slowly added to the sufferings and afflictions of the people. The duration of the pestilence was varied, in some places lasting for six months, in others a year, and in many instances recurring at irregular intervals for a period of twelve years, although "the black death" proper was limited in the duration of its ravages, the Empire of Russia excepted, from the year 1347 to 1350. During the latter year the faithful were cited by Pope Clement VI to a public jubilee at Rome, and a new eruption of the plague broke out, from which it is stated that scarcely one in a hundred of the pilgrims survived. Italy was in consequence again depopulated, and such of the devotees of the pilgrimage as survived, on their return spread both the contagion of the disease and corruption of morals contracted in the Holy City in all directions. An equal mortality prevailed in the extreme northern regions of Europe, extending to the isolated colonies of Iceland and Greenland. The European colony in the latter peninsula, it is supposed became extinct at this time. The customary voyages to that country were omitted during the prevalence of the plague and when maritime enterprise and the industries of commerce had again resumed their activities over the pathways of the northern seas, an impenetrable barrier of immense icebergs had become immovably packed along its once green eastern shores, supposed to have been driven there by the internal convulsions and throes of the earth during the years preceding the plague. Since then no mortal foot has pressed that ice girt shore, or brought from thence tidings of its fated inhabitants. The fatality of the scourge in Russia was quite as great as in the other nations of Europe, the aggregate loss of population in this quarter of the globe alone, being estimated at over fifty millions.

A lively picture of the black plague and of the social and moral evils which followed in its train, will vividly represent itself to one familiar with the history of those troublous times, and who will understand the motives and springs of human action.

Nearly, if not quite all the credible accounts of the manner of living, and of the ruin and misery occurring in all grades of private life, concur in delineating the utter demoralization of humanity every where and under all conditions. As soon as the pestilence in any locality became thoroughly seated, the human heart at large seemed closed to all the finer feelings and sympathies of our nature. Many people fled from the sick and their surroundings, hoping thereby to avert from themselves the dreaded contagion. Others shut themselves up in their houses, with their wives, their children, and their households, and endeavored thus to isolate themselves from the great tides of death which surged up to their very doors. Others passed the time in a spirit of utter recklessness, amidst scenes of riotous debauch and dissipation. Strange and incredible as it may seem, at the very height of the plague, troops and bands of hilarious, gaily dressed people wandered about from one town to another, and passed day and night in a series of bacchanalian orgies, songs and jests, wine and mirth, pleasure and amusement, were the reign of the merry hour; while without were the tolling of bells and the hoarse cry continually ringing on the air, "bring out your dead,—bring out your dead."

"The roar
Of desperate mirth, came mingling with the sigh
Of death subdued robustness, and the gleam
Of festal lamps 'mid spectral columns hung,
Flaunting o'er shapes of anguish made them ghastlier."

Some abandoned their houses and property to chance, like men whose death knell has already tolled. Many thought their surest way to escape death was by flight. They therefore left the cities, women and men, in hasty, unprepared flight, abandoning their homes, their property, and their relations. Thus it was that one citizen fled from another, a neighbor from his fellows, a relative from his kindred; and, in the end, so completely did terror, extinguish every other and kindlier feeling, the brother deserting his brother, the sister forsaking her sister, the husband abandoning the wife, and finally the mother wildly fleeing from her own offspring, leaving them unvisited, uncaressed, and unattended to their dismal fates.

Those who stood in need of assistance, inevitably fell a prey to greedy grasping, unprincipled attendants; who for an exorbitant recompense, merely handed the sick their food and medicine, remained with them in their last moments, only to rob and pillage. These in turn often became the victims of their own cupidity and avarice. The larger cities were infested by organized bands of desperadoes and robbers, who setting at defiance all law and order, wandered about the streets, plundering the abandoned dwellings, robbing the dead and dying, not infrequently putting a premature end to lives already assailed by the plague, and perpetrating diabolical crimes, and outrages of every conceivable sort. All social ties were severed; all legal restraints sundered, while brutal lusts and appetites, and ruffianly instincts and violence ruled the hour. But while the baser passions and emotions of our nature thus asserted a universal supremacy, it is a credit and honor to humanity, that the members of the learned professions of medicine and theology, as a class, conducted themselves admirably, remaining at their posts of duty, and with steady, silent bravery, sinking down victims in turn of the dread malady they sought to alleviate or avert. The same may be said of the charitable orders, which accomplished all the good that could be expected during a period of such universal distrust, destitution and misery.

To weigh or measure the many phased results of this fearful visitation wholly surpasses the judgment and penetration of man. Who shall pretend to assert that the fruits of this pestilence are not to-day apparent in the large number of consumptive patients whose irremediable deaths annually figure to such an extent in the bills of mortality, or who can assume to say, that the diminished average of human life, and the protean manifestations of scrofula, are not also the results of this awful scourge?

LIV.

Some Inferences From the Mortuary Experience of the Homœopathic Mutual Life Insurance Company.

BY E. M. KELLOGG, M. D.

This company has now been in active operation since July, 1868, a period of 13½ years; and it seems proper that it should report to the State Homœopathic Medical Society, how far its experience has corroborated the idea upon which it is based, and to the earnest belief in which it owes its origin and existence. This idea or belief was that the longevity of persons treated homœopathically was greater than that of those not so treated; and that therefore the lives of homœopathists could safely be insured at lower rates, because their death-rate was lower.

How far has our company's experience proved this to be a fact?

A comparison between the mortality of the Homœopathic Mutual and other life insurance companies which make no medical classification of their risks, can throw very little light upon this question. For inquiry has shown that a large percentage—in some cases more than 40 per cent.—of the risks carried by these other companies are upon homœopathic lives, our patients belonging, as they largely do, to the better class of society, whose sanitary surroundings are carefully looked after, and whose intelligence leads them to appreciate the advantages of life insurance, constitute a very desirable class of insurants, and as such they are eagerly sought after by all; and enough of them belong to these other companies to leaven the whole mass, and materially affect the death-rate. Until therefore we have definite data as to the proportion which they bear to the sum-total of policy-holders, we can make no just or reliable comparison of other companies' mortality with ours.

But where a careful and conscientious registration of the medical treatment of every risk is kept, as in our company, a comparison of the results of the two methods become trustworthy and valuable; and it is to this that I want to call your especial attention.

Up to Jan'y. 1, 1882, the Homœopathic Mutual had written 12,963 policies, of which 278 had been terminated by death. Twenty-two of these deaths were due to accident or violence, and therefore are not to be classified under either method of medical treatment. Of the remainder, 148 were homœopathic, and 108 non-homœopathic deaths. But when we note that three-fourths of all our risks are homœopathic, we recognize a great disparity in the proportionate mortality, for among these three-fourths, the death loss was 148, while among the remaining one-fourth, the death loss was 108. Or, to put it in exact figures, on 9,445 homœopathic policies, the mortality has been 148, or 1 to 64; while on 3,194 non-homœopathic policies, the mortality has been 108, or 1 to 30. This tallies almost exactly with the comparative results obtained by me several years ago, after a long and patient investigation into the mortality in private practice in five of our largest eastern cities, where health boards fur-

nished precise data for such comparison. In that case as in this, the ratio was two to one in favor of homœopathic practice.

But that this disparity will continue so marked, I greatly doubt; nor do I believe that it exists at this present time even. For it is universally known and acknowledged that our therapeutics have modified and ameliorated those of the old school; and it is evident to every observer of the "signs of the times," that the lines of the two schools as a whole, no longer run distinct and parallel, but show a decidedly convergent tendency. The action of the Allopathic State Medical Society, held last week in this city, gives new and additional proof of this tendency.

As far as I am able to judge, from a careful study of all the reliable statistics which I have been able to gather together, during the last 30 years, I incline te fix the average mortality under homœopathic practice as being 30 per cent. less than the average allopathic mortality; and this difference is, I think, now a diminishing factor—diminishing just as the lines of demarcation between the schools become less and less, marked and distinct.

One more point or inference, during its whole existence of 13½ years, the Homœopathic Mutual has been called to pay for only 18 policies upon the lives of homœopathic physicians, covering about $40,000 of insurance. When we remember that during all these years, almost from its very organization, it has carried policies upon several hundred of our brethren, the mortality is surprisingly small. Putting the average number carried, at only 300, which is a very low estimate, we have among these 300 an annual mortality of only one and a third, which is at the rate of only 4½ per thousand, and is much below the table expectation. These, of course, were selected lives; but as corroborative evidence, we may take the members of the American Institute of Homœopathy, as representing a fair average of the profession—and we find that of the 326 physicians who belonged to it 25 years ago, more than half still survive.

From all this we might urge, with a considerable show of reason, that our physicians, as a class, are longer-lived than the profession has heretofore had the credit of being. But whether this be due to the less amount of worry and night-work we have to bear, in a given amount of practice owing to the fact that we are less liable to be called out of bed to look after the effect of our day-prescriptions, than our old school brethren are, I do not pretend to say. Nor can I positively affirm that our greater longevity is due to our easier consciences, and the serenity of mind given by the knowledge that, even if we do not cure, we certainly do not kill, by our drugging. But whatever the cause, the fact seems demonstrated, that homœopathy prolongs the lives not only of its patients, but also of its practitioners, thus like mercy, blessing both those that give and those that receive.

LV.

A Clinical Case.

BY B. F. WILLIAMSON, M. D.

I am aware that the case about to be reported, is one that may be sharply criticised, and perhaps totally condemned, but my confidence in the reliability of the statements herein recorded, and believing it to be a true report of a wonderful pathological curiosity, has prompted me to undertake to report it, and whether accepted or not, I am compelled to subscribe my name to a belief in the truthfulness of the same.

Far be it however, from my desire or intent to present anything to our honorable association, not founded on facts, and prepared with care.

The case occurred in the practice of Dr. W. S. Todd, Jr., who kindly donates information, also corroborates the report, which is as follows:—

Mr. John T. Steward, age 50, of medium stature, 5 ft. 4 in., average weight in health, 140 to 150 pounds. Caucasian, American born, of Scotch decent. Father died at 40 of consumption, mother died at 78, disease unknown. Married at 20, has five children, all healthy, oldest 28, youngest 8. Occupation, farmer and lumberman in early life, later groceryman. In summer of 1863, enlisted in the U. S. army, and in spring of 1864, came the first manifestations of the diseased condition in form of diarrhœa, merging into the chronic state.

After four or six weeks of first attack, commenced to vomit up all food solid or liquid, except water, yet no nausea nor pain, but constant sweet taste in the mouth, and sweet odor from the patient, from the sweat, breath and urine, with a constant craving for sour articles of diet and drink. Diarrhœa and vomiting continued, until sometime in August, greatly to the surprise of both patient and attendants after eating freely and repeatedly of *green corn* he began to amend. Diarrhœa and vomiting ceased, and he continued to improve from this time until the following spring when, after being laid up for two or four weeks with acute rheumatism, his stomach began to reject, at intervals, all articles of food or drink taken into it, except water. These "spells" at this time, would last only a few days when he would again begin to eat and be, seemingly in health, even during the spells of vomiting there was no *sickness*, no *pain*, *no* movement from the bowels, but always noticed the sweet taste in the mouth and sweet smell from all excrementa, also the desire for sour drink. These "spells" would come on with no appreciable cause, and he would spit up everything taken, for different periods of time varying from a few days to six months. As the attacks grow more frequent, and last for longer periods, there begins to be more anorexia and a sense of gnawing at the stomach and the thought, or sight, or smell of food becomes extremely loathsome.

In August, 1879, the patient applied to Dr. W. S. Todd, Sen., with the following conditions, making positive statements that, nothing had found its way into his stomach, save water, during the past four weeks he had absolutely swallowed nothing, save water, and had also kept about

looking after the interests of his business. He gave also good evidence that his statements were true. *Breath, sweat and urine* gave forth the aforesaid sweet odor, and the mouth tasted sweet, with a desire for something sour. Had had no movement from the bowels for the four weeks, and was wasting in flesh from 3 to 5 pounds per week. Dr. Todd prescribed and in one week he began to eat and gain rapidly in flesh and strength, and enjoyed passably good health for 9 or 10 months. When about the 1st of June, 1880, he was attacked with a supposed similar "spell" to the former, when the stomach again began to reject everything reaching it save water. About the 15th of June the anorexia amounted to strong *disgust*, and there was a return of all the symptoms of the former attacks, viz.: the sweet *taste and odor*, and the gnawing at stomach, and no movement of bowels, and the craving for something sour.

During the first week after the 15th, he made three or four attempts to take food, but invariably vomited it *at once*.

At this time the patient weighed 140 pounds.

The following is a copy of the *Diary* kept by Mr. Steward, himself, which is a well authenticated record of each days proceedings, with reference to both the articles swallowed, also of the exercise taken, etc. In which there are some very interesting points, and if the society will bear with me I will read.

Commencing June 14th, 1880, viz.:—June 14th, took one cup coffee, and a small piece of toast, but vomited both immediately, smoked a pipe of tobacco three or four times. June 15th, cup of coffee, and a bit of cake, immediately vomited, smoked four or five times, stayed in the store all day doing business. 16th, took nothing in my mouth to-day, except water, smoked some and stayed at store all day. 17th and 18th same as 16th, took nothing in my mouth but water, and smoked some and stayed at the store, 19th, went to store, took nothing in my mouth, towards night came to the house and ate a small piece of strawberry shortcake and a piece of pumpkin pie, which was vomited up at once, or within two minutes, drank nothing but water. 20th, passed a restless night, drank some lemonade, vomited it up, ate nothing to-day, drank water *ad lib.* 21st, ate nothing, drank a glass of lemonade during the day and kept a little of it down. 22d, ate nothing, drank a part of a glass of lemonade, kept a little down. 23d, ate nothing, drank a part of a glass of beer, and vomited it up immediately. 24th, restless night, ate nothing, drank a little lemonade and smoked some, drank water 4 or 5 times from one-half to one glass at a time. 25th, restless night, ate nothing, had a slight movement of bowels, smoked some, and drank some lemonade. 26th, slept good, ate nothing, drank a part of a glass of lemonade, and vomited it up at once. 27th, had company to-day, etc., ate nothing, drank a little lemonade, vomited it up. 28th, ate nothing, drank lemonade from one-half to one glass, by sipping. 29th, ate nothing, rode to Cuba, 5 miles, drank part of a glass of beer, vomited it up at once. (Up to this time, June 30th, patient had stayed in the store and attended to his grocery business.) 30th, ate nothing, drank one glass of lemonade, and vomited it nearly all up. July 1st, went to pic-nic, 2 miles away, ate nothing, drank a very little lemonade and some water, smoked some each day. 2d, stayed at home all day, ate nothing, drank nothing but water. 3d, walked to the Corners, 10 to 12

rods, ate nothing, drank water and a little lemonade. 4th, ate nothing, drank a little water and nothing else. 5th, ate nothing and drank nothing but water. 6th. went to J. Miners, 3 miles away, ate nothing, drank nothing but water. 7th, ate nothing, drank nothing but water and a little vinegar and water, vomited it up at once. 8th, came home, ate nothing, drank one glass of lemonade, vomited it up, walked up to store. 9th, stayed at home all day, ate nothing, drank nothing but water. Poor sleep last night. 10th, walked up to store, 30 rods, went to Cuba 5 miles, and back, ate nothing and drank nothing but water. 11th and 12th, at home, ate nothing and drank nothing but water. 13th, ate nothing, drank nothing but water, walked up to store. 14th, swallowed a teaspoonful of *beef tea*, vomited it up at once, walked up to the Corners, 30 or 40 rods. 15th, 16th, 17th, 18th, 19th, ate nothing nor drank nothing but water. 20th, went to Cuba, ate nothing and drank nothing but water. 21st. ate nothing, drank about 2 spoonfuls of Porter, came up in ten minutes. 22d, came home, ate nothing, drank water and a little vinegar and water. 23d, went to Cuba, ate nothing, drank only water. 24th, stayed at home all day, took a slight injection of flour gruel, (which was the first taken,) ate one spoonful of rice and vomited it up at once. No hunger, drank nothing but water, weight 109½ pounds. 25th, ate a little rice, (say one-half spoonful,) and a little corn starch, and drank a part cup of coffee. Kept a little of it down to-day, for the first, drank nothing else but water. *From this time* on there began to be a little appetite, was able to retain a small portion of food taken, when on the 31st day of July, went to Cuba, ate a light breakfast, and drank a glass of beer and kept it down.

Aug. 1st, ate some, but threw it up, bowels and stomach very sore, very troublesome dreams. 2d, ate some to-day, which was the first since June 15th to any amount, did not sleep good. 3d, ate some, bowels very sore and moved 6 or 7 times. 4th, ate some rice and beef, and it came through as soon as swallowed, ate also some raw apple and it came through as whole as swallowed. 5th, drank some ale, and ate some raw beef at 12 o'clock, and at 7 vomited it up as fresh and sweet, as when swallowed, bowels moved 6 or 7 times. 6th, drank some ale, ate nothing, bowels very sore, could not sleep. 7th, ate nothing, drank one-half glass of ale and it tasted good.

For two weeks about the same, had a spell lasting 12 days when, absolutely nothing, save water was swallowed, or taken in any way. No baths, no applications, no inhalations, no injections, simply drank water and was bathed with it and soap. Then again attempted to take food, and continued trying to eat for about one month, but the stomach rejected everything taken into it, which time extended until Sept. 23, 1880. when taking food became so very repulsive that it was abandoned entirely, and nothing in the form of food, was taken into the mouth, from the 23d of September until about the 15th of February, 1881, or a period of 54 days.

During this time he made one attempt to take some whiskey-sling also twice tried to take some wine (blackberry) but no sooner swallowed, then vomited.

At the end of this extended fast. The patient was very nearly blind and deaf, and his weight had decreased from 140 the orignal weight, to 82 pounds.

At this time Dr. Tanner, the celebrated voluntary faster, hearing of Mr. Steward who was fasting way beyond that of any person now on record—visited Mr. S. as a matter of curiosity doubtless. However, on arriving finding S. had no medical attendant, at once set to work trying to restore the starving man. He however, gave no medicine (I believe) but by continued manipulation of the abdomen and administering some bland nutriment, and whenever the patient began to retch or attempt to vomit, the Dr. is said to have made, passes down the outside the chest along the course of the asophagus, with his own hand—and at the same time exerting "*will force*" upon the patient, all this and more of the sort was continued for some hours.

The result of Dr. Tanners treatment was in a measure successful—at least the patient says: "but for Dr. Tanner he would have died." During all this time of fasting no movement whatever of the bowels had taken place, for 54 or 5 days.

He at once began to gain in weight and strength, had no difficulty to retain food for one week—then for one week was able to retain some but vomited nearly all taken. He now began to vomit all again and for 5 weeks, or 35 days vomited all taken, very soon after swallowing. At the end of the 35 days, after failing entirely, the stomach refused to accept water, and continued to vomit even water until 53 days had expired since the slightest particle of nutriment, and 64 days since food by the bowels had been retained. Once during the period of vomiting water he made an attempt to take some cherry wine but vomited at once. At the end of the second fast, (of 53 days) about June 13, 1881 he took a swallow of stock ale which was retained and made the stomach feel better. During the day he took in all about ½ glass of ale, when the desire for food began to appear and he called for something to eat, a small piece of toast was prepared and he ate with a relish and again commenced to eat, and soon felt very much better, and continued to eat up to the time of writing August 22, 1882.

On swallowing the ale the gnawing, which had been a constant thing during the whole year, ceased altogether and he gained in strength slowly and weight now is about 114.

At the end of the last fast he only weighed 78 pounds.

This truly wonderful case, when compared with that of Dr. Tanner, the man who deliberately abuses himself, offers some decided points of concontrast a few of which are the following:

During the whole time of each of Mr. Steward's fasts, he constantly evinced a wish to eat. Desiring to eat but no desire for food. His family and neighbors also all made every possible effort to assist him to retain food. He was at no time excluded from the inspection of whoever saw fit to call, night or day, and his visitors and curiosity seekers were legion. Also as recorded—It will be noticed that ofter abstaining from food or drink for 35 days, save water—that there now comes a period of 20 days when every drop of everything even water is rejected and vomited and absolutely nothing else was taken into the system in any way. Yet he still lives to converse with and entertain his friends and to-day has strength enough to do some light work, but is prevented from so doing by a disagreeable sense of dizziness coming on at the slightest exertion—preventing further effort.

His sense of *hearing* and *vision* have been almost entirely restored—but there is a considerable uncertainty of articulation of certain words, a remarkable feature may be mentioned, and that is the rapidity of gain after commencing to eat at one time 32 lbs was gained in 15 days.

I have carefully studied the man and noted the attendant circumstances—and I fail to find *any fraud* nor *even* a *chance* for *fraud*. The neighbors in his own and adjoining towns all agree to the same, many of whom have watched the case closely and with myself, were decidedly skeptical at the outset. I believe that Mr. Steward did absolutely abstain from taking any nourishment into his system of any kind, any way, for three different periods, since June 1879 varying respectively, 1st, 35 days; 2nd, 54 days; 3d, 53 days; and that during each extended period of fasting, and generally for a few days longer there was no passage of stool.

The question must naturally arise: What is the matter with the man? What causes the anorexia? and what can be done for the man, who is still anxious to recover. Our diagnosis is, as suggested by Dr. Todd at the time of examination and prescribing in August, 1879: That from some pathological perversion the liver, whose office is to manufacture sugar, is manufacturing grape sugar in excess at the expense of bile, and from the fatty tissues—and thus the man is sustained. We arrive at this conclusion from the fact that while the fasting continues, we get no excrementa and also from the *decidedly sweet manifestations* as described in the report.

Hoping the Society will pardon me for presenting so tedious and imperfect a report, and thanking them for the favor of kind attention, I say that from the magnitude of the number of reported facts and the lack of sufficient time since commencing the undertaking I am compelled to submit the same as it is.

LVI.

Biography of Benjamin F. Cornell, M. D.

BY A. W. HOLDEN, M. D.

To H. D. Paine, M. D., Necrologist of State Homœopathic Society:

My dear doctor, and old time friend: As a near neighbor, and oftentimes professional associate of the late Benjamin F. Cornell, M. D. I feel it a duty devolving upon me to deposite within the Archives of our Society, a memoir of one who was the active and efficient pioneer of homœopathy in northern New York.

He was born of Quaker parentage, in the town of Easton, Washington County, N. Y., on the 20th of June 1805. He was reared in the simplicity of a country life, his boyish years spent amid meadows and mountain sides in the pastimes of a rural neighborhood. Surrounded by its pure influences, and restrained by its stern moralities, he grew up to manhood with a mind clear and untrammeled, a heart tender and compassionate, and

an honest integrity and steadfastness of purpose, which characterized his future career.

His early opportunities for mental culture were limited to the slender advantages to be derived from a common school education. His medical studies were commenced in the office of Dr. Mosher, in his native town. By teaching and other laborious avocations pursued during the interim while prosecuting his professional studies, he was enabled to attend the lectures at the then somewhat noted Medical College, at Castleton, Vt., from which he graduated and received his diploma in the year 1826. For a brief period he sought to build up a business near home, practicing one year each with Dr. Pierce, of Quaker Springs, and Dr. Mosher, of Easton.

On the 21st of May, 1828, he was married to Isabella, daughter of Eben Thompson, of Moreau, Saratoga Co., N. Y.

During the following six years he continued the practice of medicine, at Easton and Fort Miller, N. Y., when failing health compelled him to abandon a promising field of labor, and prosperous business. The ensuing five years found him a resident of the State of Mississippi, whose genial climate and beautiful surroundings restored his impaired health. After a few months passed in the city of Mobile, he returned to the vicinity of his early home, in time to participate in the exciting Harrison hard-cider presidential campaign of 1840. The following year he resumed practice in the town of Moreau, Saratoga Co., N. Y., where he resided up to the time of his demise.

During a visit to Dr. Freeman, in the city of New York, in the year 1844, the principles of homœopathy were first presented to, and claimed the attention of his inquiring mind as a new field for examination. Research and careful investigation satisfied him of the truth and value of the theory of "*similia similibus curantur*," and as soon as he felt secure in his knowledge of the new law, he abandoned the old practice, and ventured boldly forth in his new enterprise, strong in the faith that ensures success. Very speedily his reputation as a skillful diagnostician and successful practitioner spread far and wide. Patients thronged his country office, and he was often called upon to travel long distances in consultation over desperate and doubtful cases. He was among the first to assist in the organization of the New York State Homœopathic Medical Society, over whose councils he was called to preside in 1868. Honorable mention was made of his annual address before that body, in several of the leading journals of our school both at home and abroad. He was the chief promoter in the formation of the Homœopathic Medical Society, of Northern New York, and one of its earliest presidents. He also aided in the organization of the Washington and Warren and the Saratoga County Societies over each of which he was called to preside.

Calm, self possessed, and self reliant, his benevolent countenance, radient with sympathy and kindness always came to the sick room like a benediction and a blessing. He was an enthusiast and devotee to his profession, making at times almost superhuman exertions and sacrifice of personal ease and comfort in order to meet his many engagements and calls.

Such was the extent of his ride, and the pressure of his professional

responsibilities, added doubtlessly to a timid, shrinking delicacy of feeling that his charges and collections were by no means commensurate with his wide extended practice. His life was not a pecuniary success. Notwithstanding the creeping infirmities of age and impaired health, he continued his arduous labors to the very last, often expressing the wish that he might die in the harness," a wish that came near being realized.

Stricken almost instantaneously by paralysis late in the fall of 1880, followed by an attack of malarial fever, he was obliged to yield to the summons of the fell destroyer.

He died on the 12th of May, 1881, in full possession of his senses and mental faculties, and the blissful hope of a blessed immortality. His funeral was largely attended, physicians of both schools of practice acting as pall bearers, thereby testifying the exalted esteem in which his memory was held.

Thus has passed away a well rounded life of usefulness, an example commended to the imitation of the young, a life which confers luster on a hard and laborious and oftentimes thankless profession: a life of which the old and gray-headed among us may well be emulous and proud, and in a fervor of enthusiasm move us to thank God who has given us such men to glorify our creed, and bless humanity.

At a largely attended meeting of the Homœopathic Medical Society, of Northern New York, held at the American House, in Troy, the week succeeding his death, the following preamble and resolutions were unanimously adopted:

WHEREAS, the Supreme Ruler of the Universe, in the ordering of human events, has seen fit to call from this sphere of action our late professional associate and friend Benjamin F. Cornell, M. D., therefore

Resolved, That this Society deplore with the deepest sorrow and regret the dispensation which deprives us of a member whose wise counsels, fruitful suggestions and rich experience lent a dignity and value to our deliberations, and the sick and suffering of a friend and counselor, whose benignant presence will not readily be replaced or supplied.

Resolved, That to the surviving relatives and friends of the deceased we tender our sincerest sympathy and condolence, commending his memory to the ever present and precious regard of the hundreds who have abundant reason for holding it in reverential and affectionate remembrance.

Resolved, That the Secretary be instructed to spread these resolutions and preamble upon the minutes of the Society, and to furnish a copy of the same to the widow of the deceased, and also for publication to the several newspapers published in the vicinity where his life work was accomplished.

LVII.

Biography of Garret D. Crispell, M. D., of Kingston, Ulster Co.,

This worthy physician, a native of the county in which he lived, practiced and died, was a descendant of the Huguenot stock, the original settlers of that region, noted for study, integrity and intelligence. He was born in Hurley, Sept. 8, 1801. Of his early education no definite information has been obtained, but his medical studies were prosecuted under the direction of his brother, Dr. Peter Crispell, in a neighboring town for about five years, including the time spent at the college, of Physicians and Surgeons, in New York, in the winters of 1822 and 1823. He was licensed to practice by the Ulster County Medical Society and began to practice in his native village, but soon removed to the village (now city), of Kingston, where he faithfully and conscientiously followed his vocation for nearly fifty-seven years or within two months of his decease, enjoying throughout his long and useful life the respect and confidence of the entire community.

He practiced according to Allopathic methods for about twenty years; after which period he adopted Homœopathy, to the practice of which he consistently and steadfastly adhered for the rest of his life, what circumstances first induced the doctor to examine the claims of the new system at that comparatively early day, are not now known. He was of a quiet and retiring disposition and avoided controversy, and he probably studied up the subject by himself without saying much about it, gradually changing his treatment, till about 1842 he found himself a full fledged homœopath.

For several years he was the sole representative of our school in Ulster Co., but in course of time a few others joined him, and in 1857 the Ulster County Society was organized, partly by his efforts. Of this society he was Vice-President, and several times its delegate to the State Homœopathic Society. In 1869 he received the degree of M. D., from the Homœopathic College, of New York, and was elected a member of the American Institute of Homœopathy.

In civil life he was highly esteemed. For many years he was a director of the Kingston Bank, but persistently avoided other official positions. He was an exemplary member of the Reformed (Dutch) Church. His death from paralysis, occurred Dec. 15, 1880, aged 79 years.

LVIII.

Biography of Marcellus M. Gardner, M. D., of Utica.

Dr. Marcellus M. Gardner, died at Utica, July 31, 1880, aged 49 years. Bright's disease of the kidney's was the fatal sickness that deprived the profession in this State of one of its valuable and highly esteemed mem-

bers. He was a native of the State, and was born in Plymouth, Chenango county, in 1831. His general and classical education was obtained at Whitestown Seminary and at Madison University. His medical studies were passed in Syracuse, and afterwards at the Eclectic College in Cincinnatti, from which he graduated. Subsequently he attended a course at the Hahnemann College in Philadelphia, from which he also received an additional diploma.

He first practiced at Holland Patent, Oneida county, but about sixteen years before his death, settled in Utica, where he became popular and successful as a physician, and highly esteemed as an upright and useful citizen. He was of a warm and genial disposition and a presence calculated to inspire confidence and trust. His wife died a few weeks before him. His two children are thus completely orphaned.

LIX.

Biography of Abraham C. Burke, M. D., of Brooklyn.

By the death of Dr. Burke, the city of Brooklyn has lost one of her most eminent and popular physicians, and the profession one of its best ornaments. He was born in Albany, in 1818, where his father was a prosperous merchant. He enjoyed the advantages of a thorough general and classical education. Among his teachers was the once celebrated linguist, Dr. Bullions, of the Albany Academy. With this thorough preparation he entered the junior class of Union College, and graduated when twenty years of age, and was the valedictorian of his class. His intention was to become a clergyman of the Baptist church, and his studies had been pursued with that object in view. Owing to a partial failure of his health and especially a weakness of voice as a result, he reluctantly changed his plans, and turned his attention to medicine. But instead of pursuing its study systematically, he resolved to devote a few years to travel and general reading, till his health should be restored.

His health having considerably improved, Young Burke, became a pupil of Dr. Elwood, in Rochester, to which city his family had meanwhile removed, for the completion of his medical studies. He graduated from the Albany Medical College in the spring of 1845. After practicing a short time in Rochester, he removed to Brooklyn.

While attending the Eastern Dispensary, New York, his interest in the subject of homœopathy was awakened by the successful treatment of some cases by homœopathic remedies, that had proved intractable by other means. Having once had his attention drawn to the subject, he devoted two years to its investigation, with the usual result of convincing him of the superior claims of the new system. Persuaded so far, he did not hesitate to conform his practice to his convictions, nor to avow his faith. He established himself in a sparsely settled, but growing part of the town and gradually gathered about him a numerous body of patrons and friends.

In this ever extending field of labor and surrounded by a liberal and appreciative body of adherents he conscientiously and untiringly devoted himself to the duties of his profession for more than thirty years. About ten months before his death, his health began to fail, and he was gradually compelled to relinquish his practice altogether. He bore his painful and wearisome sickness with the uncomplaining submission of the devout Christian he was. He died April 15, 1880, to the great grief of an immense circle of patients and friends, among whom were great numbers of the poor and afflicted, to whom it ever seemed his peculiar happiness to minister. The Brooklyn journals of the day gave eloquent expression to the general regret. Dr. Burke married in 1852, Miss Donner, a sister of the Hon. I. S. T. Stranahan, of Brooklyn. She and an only son survive.

LX.

Biography of Franklin W. Hunt, M. D., New York.

Dr. Hunt was born Nov. 10, 1810, in Wayne Co., in that part of the country known at that time as the Indiana Territory, to which distant region his father, Gen. George Hunt, one of the early pioneers of the great West, had emigrated from New Jersey, not many years before.

As he grew up he manifested an insatiable desire for an education of a higher grade than was, in those early days of western development, easily attained. The wonderful determination and courage with which he conquered the difficulties that surrounded him in the pursuit of liberal education, is worthy of the highest admiration. His success, and the extent of his various acquirements, considering the paucity of his opportunities, were quite remarkable. He was one of the earliest graduates of the Indiana Medical College, in 1833, in which institution he served as a professor for four or five years. From 1846 to 1854 he represented Laporte Co. in the Indiana State Legislature, and as chairman of the committee on Benevolent and Scientific Institutions, was an ardent advocate for the establishment by the State, of asylums and other organizations for the various classes of the afflicted.

From 1844 to 1852 his attention was given, among other important matters, to an investigation of the claims of homœopathy, begun at first, from motives of curiosity, but continued as a question of scientific interest. By 1852 he became a pronounced convert to the system, to the elucidation and enforcement of which he devoted unselfishly many years of his later life.

As editor, author and teacher, few names are more familiar to the homœopathic public than that of Dr. Hunt. About 1854 he removed to New York city where he engaged in practice and in several literary and educational enterprises, and was a busy man in the different societies and institutions for the development and dissemination of Hahnemannian prin-

ciples and practice. On the formation of the Homœopathic College, he was appointed a member of the Faculty. In 1859 he was joint editor, with Dr. Marcy, of the *U. S. Journal of Homœopathy*. After the union of this magazine with the *N. A. Journal*, he became its conductor and editor. He also edited the *Homœopathic Sun*, a serial of a more popular character. In 1864 he published in conjunction with Dr. Marcy, "the Homœopathic Theory and Practice of Medicine," in two large volumes, the first attempt, in this country, at a complete and systematic treatise on practice, founded on the principles of the new school. Many other useful works of a less comprehensive or ambitious character, emanated from his pen, not only on medical subjects, but relating to other scientifiic and literary topics. While still a young man he compiled a "Pantological System of History," and subsequently, at different times, "A Terrestrial and Celestial Planosphere and Planetarium." He elaborated in his student days, and for his own use a simple and practical system of shorthand writing. Among other works of his, may be mentioned a "Plantological Chart of American History," "An Historical Atlas of the American States," (published by Appletons, 1865,) and a "Class Book of the History of the world," (published by Ivison, Phinney & Co., 1860.) He was also a frequent contributor to many medical and scientific journals.

For several years before his death, Dr. Hunt had retired from active duty on account of failing health, and on the 20th of October, 1878, his troubled, but guileless and useful life, came to a peaceful end. Simple in his tastes and habits, modest and unobtrusive, almost to shyness, his merits and his eruditions found tardy recognition in many quarters; yet those who knew him best, were charmed by his conversational powers and the versatility and extent of his information.

LXI.

Biography of Warren Freeman, M. D., of New York.

Dr. Warren Freeman, the son of Andrew Freeman, a prominent citizen of Washington County, N. Y., was born in Salem, in that County, May 23, 1815. He received a good education in the adjacent high school, and at an early date formed a resolution to qualify himself for the profession of medicine.

In 1836 he made a journey to the south with the intention of remaining there under certain circumstances. Although he was for a time diverted from his original purpose, he did not abandon it, but continued his studies with more or less irregularity 'till 1860 or thereabouts. In 1854 he received his degree of M. D. from the Homœopathic College, in Philadelphia, after which he went at once to New York and formed a connection with Dr. James Mairs, of that city, an association which continued happily for eighteen years and was fruitful of a large and varied experience. For about eight years he was alone in his practice which was large

and laborious. Dr. Freeman passed to his final rest, April 5, 1880, leaving the legacy to his surviving family and friends, of a spotless name and an enviable reputation.

LXII.

Biography of Wm. Wright, M. D., of Brooklyn.

This worthy member of the profession and one of the mo earnestst and useful members of this society was born in Cambridge, Whingtonas County, September 27, 1806, and died in Brooklyn, September 23, 1880, aged 74.

He studied medicine under Dr. Mathew Steveson, of his native place, and graduated from the Vermont Academy, of Medicine in 1833. Previous to that, he had spent some time in teaching and was chosen principal of the English department of the Academy in his county, but which after a brief experience he felt obliged to resign as incompatible with the prosecution of his medical studies. After obtaining his doctorate he continued his studies in the office of the distinguished Dr. March, in Albany, and in attendance at the Albany Medical College. In 1836 he removed to Claverack, Columbia Co., and was for a number of years partner with Dr. Miller, of that place. About 1841 he returned to Cambridge, his native town, and practiced there with much acceptance until 1852, when he removed to Brooklyn. In the meantime Dr. Wright had become a convert to homœopathy, which fact may have had something to do with his leaving Cambridge and seeking a larger and more congenial field for practice according to his new views, his elder brother having previously gone through the same conflict and removed to that city. From the date of his settlement in Brooklyn he was active in his professional duties, as indeed he always had been, and in promoting the dissemination of homœopathic principles. He connected himself with the various societies and organizations for the maintenance of homœopathy and its improvement. Nor was he an idle or uninterested member; but was ever prompt and regular in attendance, clear and forcible in debate, and a reliable worker in any duty imposed upon him. He was also not an infrequent contributor to the medical journals of our school.

In 1835 he married a daughter of Gen. Martin Lee, of Washington County.

Dr. Wright was a sufferer for several years preceding his death, from what seemed at the time a slight injury to one of his feet, but which became so painful as to disable him completely. The immediate cause of death, however, was doubtless Bright's disease.

LXIII.

Biography of William B. Stebbins, M. D., Little Falls.

This true hearted and skillful physician, was born at Manheim in Oneida Co., Feb. 24, 1808, the oldest of eleven children of whom six were boys. He had a good English and classical education, which he turned to good account. While attending the Fairfield Medical College, he was attacked with a scrofulous affection of the right knee, which not only interrupted his study for a considerable period but finally necessitated amputation above the knee.

After his recovery from the operation, he resumed his studies and graduated from the Fairfield Medical College, in 1834, being then 26 years of age. He practiced in several towns of Oneida County, but about 1855 finally established himself in Little Falls where during the rest of his life he faithfully and ably represented the principles of medical science which he professed, and enjoyed in a remarkable degree, the respect and confidence of the community in which he labored.

In 1835 he married Elvira S. Griswold, daughter of the late Col. [illegible] Griswold, an estimable woman who with two daughters and two sons survive him. His death from intestinal stricture occurred Nov. 4, 18[illegible], when he was in his 74th year.

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